

VICTIM IMPACT STATEMENT

Please type or print in ink.

County:	File Number:
Defendant:	Offense Charged:

Although the State's Attorney does not represent you, the information you provide here may help the judge & prosecutor to better understand how this crime has affected you and/or your family. Copies of this statement may be provided to the Defense Attorney and Defendant. If you need more room for your answers, attach extra sheets and number the sheet with the question.

Victim:	Age of Victim:
Person Other Than Victim Completing Statement:	
Relationship To Victim:	
Reason Victim Did Not Complete Statement:	
If Present, I Also Want To Make A Verbal Statement To The Court: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided	

1. How have you and/or members of your family been affected by this crime? Did you receive any counseling or therapy? You may wish to write about changes that affected you and/or your family's ability to enjoy daily activities; such as: work, home life, recreation, relationships.

2. Were you physically injured or hurt as a result of this crime? If yes, you may wish to write about the type of injuries incurred, medical treatment received and/or what adjustments you had to make as a result of the injury?

3. Please indicate any thoughts or suggestions you have as to the sentence the court should impose on the defendant. Do you favor imprisonment? Would you like a no contact order included?

4. Do you have any additional comments or suggestions?

_____/_____
Signature Date

State of NORTH DAKOTA

County of _____

Subscribed and Sworn before me, this _____ day of _____, 20__.

Notary Public