

VICTIM IMPACT STATEMENT

NAME OF VICTIM

PROBATION OFFICER

RE: _____

DOB: _____

Your thoughts about the crime in which you or your child were a victim are very important to the Juvenile Department. If you would like, please respond to the following questions. If more room is needed to write your responses, please feel free to attach additional pages. The probation officer handling this case will review information from this form. This information will assist the probation officer in formulating recommendations to the court and case planning. Please return completed form with the Restitution Information Form in the enclosed envelope.

COMPLETION OF THIS FORM IS VOLUNTARY

1. Please briefly describe the impact that this crime has had on you.

2. If you were physically injured as a result of this crime, please describe your injuries.

3. Has this crime altered or changed in any way the lifestyle of you or your family?

4. Is there anything else you would like this department or the court to know regarding this crime?

NOTE: THIS INFORMATION MAY BE SHARED WITH THE OFFENDER OR A TREATMENT PROVIDER WORKING WITH THE OFFENDER.

- CHECK HERE IF YOU DO NOT WANT THIS INFORMATION TO BE SHARED
- CHECK HERE IF YOU WANT THIS INFORMATION TO BE SHARED WITH THE JUDGE
- CHECK HERE IF YOU WANT THIS INFORMATION SHARED WITH THE DISTRICT ATTORNEY
- CHECK HERE IF YOU WANT THIS INFORMATION SHARED WITH THE YOUTH'S ATTORNEY AND YOUTH

Name of Person completing this form: _____

