

**MARION COUNTY DISTRICT ATTORNEY'S OFFICE
VICTIM IMPACT STATEMENT FOR HOMICIDE CASES**

DA # _____ **STATE VS.** _____

DECEASED VICTIM: _____

VICTIM FAMILY MEMBER: _____

PART A: GENERAL INFORMATION

Your thoughts about the crime in which your loved-one was killed are very important to this office. Likewise, Oregon law provides specific rights for the immediate family members in a homicide case. Therefore, as a victim, you have certain rights. Included in those rights is the right, if the defendant is convicted, to make a statement to the court about how this crime has affected you and what thoughts you have about the type of sentence that should be imposed. This form is intended to facilitate your right to be heard.

Before you begin, we recommended that you read the form through once to familiarize yourself with the questions. If more room is needed to write your responses, please feel free to attach additional pages. Or if you prefer not to follow the format of this form, you are welcome to write your thoughts in any format you choose. If other family members would like to respond, this form may be duplicated or additional forms can be obtained from the office.

Information from this form will be provided to the courts, corrections department, and the defense attorney. The defendant will likely see your responses.

We realize that answering these questions may be difficult or painful. Your voluntary participation is appreciated. If you need assistance, please contact your victim advocate or the Victim Assistance Division at 503-588-5253 or 1-866-780-0960.

1. How are you related to the deceased victim? _____

2. Please describe how the death of your loved-one has affected you: _____

3. If this crime has affected you physically, please describe:

4. If this crime has affected your ability to earn a living or attend school, please describe:

5. Please describe how this death has impacted your family as a whole: _____

6. How has this crime altered or changed the lifestyles of you or your family?

7. If there are other effects of this crime which you or members of your family are now experiencing, please describe: _____

8. If you have any thoughts or suggestions on the sentence that the court should impose for this crime, please describe: _____

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

Signature

Date

Signature of Parent/Guardian (if applicable)

Date

PART B: RESTITUTION INFORMATION

INSTRUCTIONS: PLEASE,

- a) List only those items that have not been recovered (or were recovered damaged) by you, the police, or an insurance company.*
- b) List cost of repair and clean-up to personal property.*
- c) Attach proof of loss wherever possible (such as copies of receipts, invoices, estimates, repair bills, or cancelled checks. Please do not send originals.)*
- d) If other family members are not completing their own Victim Impact Statements, please attach additional information for each family member regarding counseling and lost wages.*
- e) Provide insurance information if you have filed or intend to file a claim.*

1. LIST OF MEDICAL BILLS FOR INJURIES TO DECEASED VICTIM: (cost of medication, ambulance, hospital, etc)

Provider/Address/Phone	Acct. #	Amount

2. FUNERAL AND BURIAL: (all costs associated with funeral and burial)

Provider/Address/Phone	Acct. #	Amount

3. LIST OF MEDICAL BILLS FOR SURVIVING VICTIMS/FAMILY MEMBERS: (medical costs associated with this crime)

Provider/Address/Phone	Patient	Acct. #	Amount

4. **COUNSELING:** If you have received any counseling as a result of this crime, please provide the following information. (Please attach additional information for other family members who are not completing their own forms.)

Therapist: _____ Phone: _____

Address: _____

Your cost per session: \$ _____ Number of sessions to date: _____

Anticipated number of sessions in the future: _____

5. **IF YOU OR OTHER FAMILY MEMBERS HAVE NOT RECEIVED COUNSELING** is it because of:

a) inability to pay for the sessions? _____

b) uncertainty about who to see? _____

c) other: _____

6. **LOSS OF SUPPORT:** If there were members of your family dependant on the income of the deceased victim, what is the monthly loss of support to the family? \$ _____
The dependents did/will receive a life insurance settlement from the employer:

Yes _____ No _____

7. **LOST WAGES:** If you have lost wages as a result of this crime, please provide the following information. (Please attach additional information for family members who are not completing their own Victim Impact Statements.)

Occupation: _____ Employed Since: _____

Employer: _____ Phone: _____

Number of work days missed: _____ From _____ to _____

Rate of daily net pay: \$ _____ Total net loss: \$ _____

I was ___ was not ___ covered by sick leave or vacation time during my absence.

My wage loss was ___ was not ___ covered by Workers' Compensation, SAIF, or other insurance. (Please circle.)

8. **PROPERTY LOSS:** (cost to replace items that are NOT being held as evidence)

Item

Market Value

Replacement Cost

9. PROPERTY DAMAGE: (cost to repair or clean items.)

Item Description

Cost

10. ANTICIPATED FUTURE EXPENSES: (specify)

11. INSURANCE INFORMATION: Have you or will you be filing an insurance claim?
No ___ Yes ___ **If yes,** please provide the following:

Insurance Company: _____

Address: _____

Adjustor: _____ Phone: _____

Claim Number: _____ Deductible: \$ _____

Has the claim been settled: Yes ___ No ___

Amount insurance has/will pay for your losses: \$ _____

12. CRIME VICTIMS' COMPENSATION: Have you filed a claim with the Crime Victims' Compensation Program, State of Oregon? (does not cover property loss or damage) Yes ___ No ___ Status of claim: _____

13. TOTAL FINANCIAL LOSSES: \$ _____

Filing a claim for restitution does not guarantee that a restitution order will be sought, or that if sought, it will be ordered in full or in part. It also does not guarantee that, if ordered, it will be paid in full or in part. Filing a claim for restitution does not impair your right to sue and seek damages in a civil action, or to apply for Crime Victims' Compensation through the State of Oregon.

PART C: APPEARANCE NOTIFICATION

As a victim, you have the right to attend court hearings and, if there is a conviction, the sentencing of the defendant. Your schedule will be considered when scheduling or rescheduling the trial or sentencing. Please indicate what dates within the next several months that you would not be able to attend a hearing. The court may inquire as to the reason you are not available.

If you receive a subpoena or notice of sentencing that conflicts with your schedule, immediately advise your victim advocate or the deputy district attorney.

Name: _____

I would like to attend the trial: Yes ____ No ____ Uncertain ____

I would like to attend the sentencing: Yes ____ No ____ Uncertain ____

I would like to make a statement at the sentencing: Yes ____ No ____ Uncertain ____

I am unavailable for court on the following dates:

I am unavailable on those dates for the following reasons:

Signature

Date

PART D: CONFIDENTIAL INFORMATION

1. PERSONAL INFORMATION:

This information will not be provided to the defense attorney or the defendant. It is imperative that you keep our office advised of any change of address. A current address will enable us to keep you informed of case status and, if restitution is ordered and paid, will enable the court clerk to forward any monies to you.

Name: _____

Mailing Address: _____

Physical Address (if different): _____

Email Address: _____

Home # _____ Cell # _____ Work # _____

Date of Birth: _____ Soc. Sec. # _____

Drivers License # _____ State _____

2. CONTACT PERSON: Closest relative or friend not living with you who will always know how to reach you.

Name: _____ Relationship: _____

Mailing Address: _____

Physical Address (if different): _____

Email Address: _____

Home phone # _____ Work phone # _____

3. EMPLOYER: If you lost wages due to this crime, please provide the following information about the employer for whom you were working at the time.

Business Name: _____ Phone: _____

Mailing Address: _____

PLEASE RETURN THIS FORM WITHIN 20 DAYS. If you need additional time, please advise your victim advocate or the deputy district attorney by calling 503 588-5253 or 866 780-0960. Send to Victim Assistance Division, Marion County District Attorney's Office, PO BOX 14500, Salem, OR 97309.