

**MARION COUNTY DISTRICT ATTORNEY'S OFFICE
VICTIM IMPACT STATEMENT**

DA # _____ STATE VS. _____

VICTIM: _____

Would you prefer to receive this form in Spanish? Yes _____ No _____

PART A: GENERAL INFORMATION

Your thoughts about the crime in which you were a victim are very important to this office. Before you begin, we suggest that you read through this form once to familiarize yourself with the questions. If more room is needed to write your responses, please feel free to attach additional pages.

The defense attorney will receive a copy of this form. It is likely that the defendant will see your responses. Should the defendant be convicted, information from this form will also be provided to the court and corrections department.

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

Please sign, date, and return this form within 10 days. If you need an extension of that time, please notify this office.

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. If this crime has affected you emotionally, please describe: _____

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

5. **Has this crime altered or changed in any way the lifestyles of you or your family?**

6. **If there are other effects of this crime which are now being experienced by you or members of your family, please describe:** _____

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

8. **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) *Provide insurance information if you have filed or intend to file a claim.*

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

Provider/Address/Phone	Acct. #	Amount
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_____	_____	_____
_____	_____	_____
_____	_____	_____

2. PROPERTY LOSS/DAMAGE: (cost to replace or repair items that are NOT being held as evidence)

Item	Market Value	Replacement Cost
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_____	_____	_____
_____	_____	_____
_____	_____	_____

3. COUNSELING: If you have received any counseling as a result of this crime, please provide the following information.

Therapist: _____ Phone: _____

Address: _____

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

Anticipated number of sessions in the future: _____

4. IF YOU HAVE NOT RECEIVED COUNSELING is it because of:

- a) inability to pay for the sessions? _____
- b) uncertainty about who to see? _____
- c) other: _____

5. LOST WAGES: Please provide the following for any lost wages.

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)

6. ANTICIPATED FUTURE EXPENSES: (specify)

7. INSURANCE INFORMATION: Have you or will you be filing an insurance claim?

Yes ___ No ___

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: \$ _____

8. 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 ___

If not, have you received an application for Crime Victims' Compensation?

Yes ___ No ___

9. 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 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

This information will not be provided to the defense attorney or the defendant, but will be available to law enforcement agencies. 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.

1. PERSONAL INFORMATION:

Name: _____

Mailing Address: _____

Physical Address: _____

(If different) _____

Home # _____ Cell # _____ Work # _____

Date of Birth: _____ Email Address: _____

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: _____

Email Address: _____

Home # _____ Cell # _____ Work # _____

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 10 DAYS. *If you need additional time, please call 503 588-5253 or 866 780-0960. Send to: Victim Assistance Division, Marion County District Attorney's Office, PO Box 14500, Salem, OR 97309*