

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

DA # \_\_\_\_\_ STATE VS. \_\_\_\_\_

VICTIM: \_\_\_\_\_

¿Preferira recibir esta forma en español? Sí \_\_\_\_\_ 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.*

**Please briefly describe the impact that this crime has had on your child. In describing the impact you may want to consider and describe the following:**

- **If your child was physically injured as a result of this crime**
- **If this crime has affected your child emotionally**
- **If this crime has affected your child's participation in school and/or other activities**
- **If this crime altered or changed in any way the lifestyles of your child or the family**
- **If there are other effects of this crime which are now being experienced by your child or other family members**
- **If you, as the parent/guardian, have any thoughts or suggestions on the sentence that the court should impose for this crime**



**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 your child has received 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 YOUR CHILD HAS 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 FOR YOU OR YOUR CHILD WHO WORKS:**

Parent 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.

Child's Occupation: \_\_\_\_\_ Amount of Lost Wages: \_\_\_\_\_

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 \_\_\_\_ Status of Claim: \_\_\_\_\_

**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: VICTIM IMPACT STATEMENT FOR CHILDREN**

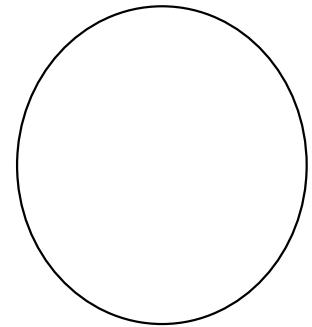
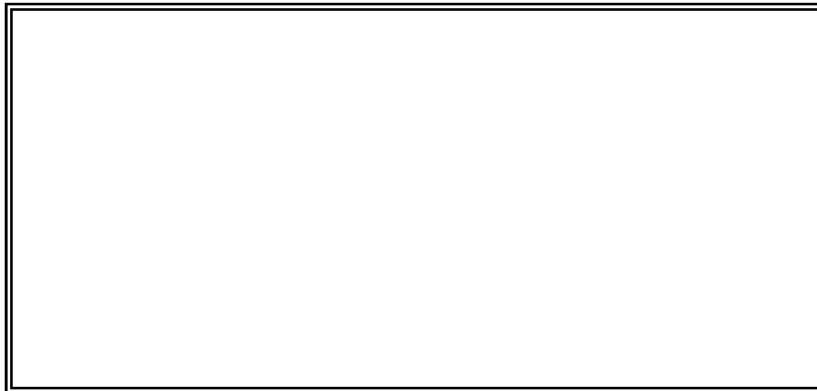
*This section is provided for child victims who would like to express how they feel in a different format.*

**To Parents:** Please do not tell your child what to write or draw. This is your child's chance to tell the judge how he or she is feeling about what has happened. If your child becomes uncomfortable in any way while completing her or his victim impact statement, reassure your child that he or she does not have to fill out this form unless he or she wants to.

My name is: \_\_\_\_\_ . I am \_\_\_\_\_ years old.

Because of what happened, I have trouble with: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is how I feel about what happened:



**DRAW A PICTURE OR WRITE A POEM OR A STORY**

**DRAW A FACE**

I want the judge to know: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is what I want the judge to do: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hope that: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART C: VICTIM IMPACT STATEMENT FOR CHILDREN** (continued)

**To Parents:** If your child is too young or is just learning to read, you may want to help your child fill out this Victim Impact Statement. When helping your child, it is okay to talk about what feelings are. For example, those identified here are happy, sad, mad and scared. Please do not tell your child what to write or draw. This is your child's chance to tell the judge how she or he is feeling about what has happened. If at any time your child becomes uncomfortable while completing their Victim Impact Statement, reassure your child that she or he does not have to fill out this form unless he or she wants to.

My name is: \_\_\_\_\_ . I am \_\_\_\_\_ years old.

Check one: \_\_\_\_\_ I go to school and I am in the \_\_\_\_\_ grade.

\_\_\_\_\_ I do not go to school yet.

This is how I feel about what happened to me: (Color as many as you like.)



**Happy**



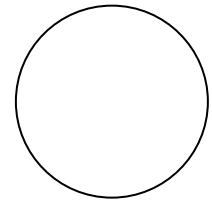
**Sad**



**Mad**



**Scared**



**Other**

I want the judge to tell \_\_\_\_\_ to:  
(Defendant's Name)

*Go to jail.*



*Pay some money.*



*Stay away from kids.*



*Do nothing*



*Go to a doctor to get help.*



**Anything else? Put your own idea or picture here. If you don't want to write or draw anything here, that's okay, too!**

*Thank you for listening to me.*

**PART D: APPEARANCE NOTIFICATION**

*As victims, your child and you have the right to attend court hearings and, if there is a conviction, the sentencing of the defendant. Your schedules will be considered when scheduling or rescheduling the trial or sentencing. Please indicate what dates within the next several months that you and your child would not be able to attend a hearing. The judge may ask why you are not available.*

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

We are unavailable for court on the following dates:

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We are unavailable on those dates for the following reasons:

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\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**PART E: CONFIDENTIAL INFORMATION**

*This information will not be provided to the defense attorney or the defendant. It is important 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.*

*Sometimes hearing dates are changed. Please make sure you confirm dates with the deputy district attorney or advocate before coming to court.*

**1. PERSONAL INFORMATION:**

Parent/Guardian: \_\_\_\_\_

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*