

STATE OF MISSISSIPPI VS. _____

CRIMINAL CAUSE NO. _____

VICTIM IMPACT STATEMENT

VERY IMPORTANT: *If you wish to be part of the court process, our office will make all reasonable attempts to contact you. Please note that it is your responsibility to notify us in writing of any address or phone number changes.*

Victim's full name _____

Address _____

City, State & Zip Code _____

Mailing Address, if different _____

Cell Phone _____ Home Phone _____ Work Phone _____

Name of relative or contact person _____

Relationship _____ Phones _____

Victim's Personal Reaction: Write your feelings on how being the victim of this crime has affected you personally and those around you.

Victim's Physical Injury: Explain any injuries and the treatment you received. Attach detailed copies of any bills.

Victim's Property Loss: List any property that was damaged, destroyed or lost and the value of that property. Attach copies of bills or estimates for repair. Only include your actual loss for property that was reimbursed by your insurance company. Do not include any items that were recovered without any damage.

What are your thoughts regarding the sentence the court should impose on the defendant:

I swear that the statements made here are true to the best of my knowledge.

Signature _____ Date _____

If you are completing this statement for someone else, please complete the following:

Your name _____ Relationship to Victim _____

If you did not have room to complete any of the information, please use the backs of these pages or add more pages as required. If there are any changes in the above information, please notify our office as soon as possible.