

VICTIM IMPACT STATEMENT

All victims of crime suffer one way or another. Please complete this form so we can notify the judge at sentencing how the impact of this crime has affected your life (Please print)

DEFENDANT: _____ CASE NUMBER: _____

CO-DEFENDANT(S): _____

CHARGE(S): _____

DATE OF OFFENSE: _____

NAME: _____ E-MAIL: _____

TELEPHONE: (HOME) _____ (BUSINESS) _____

ADDRESS (CITY, STATE, ZIP CODE): _____

(PLEASE IMMEDIATELY ADVISE THE VICTIM/WITNESS ADVOCATE OF ANY MAILING ADDRESS CHANGES, SUBPOENAS SENT TO BAD ADDRESSES MAY RESULT IN DISMISSAL OF THE CASE)

Please state what impact this crime has had on your life or you family life: (use other side if needed)

Were you injured?:(Describe) _____

Was you life or physical well being threatened?:(Describe) _____

Do you have suggestions as to the appropriate punishment for the defendant?: _____

Restitution Claim

WHAT IS THE NATURE OF YOUR CLAIM? (Check if applicable)

Medical Expenses \$ _____ Missing Items \$ _____

Damaged Items \$ _____ Other \$ _____

LIST TOTAL VALUE OF LOSS: \$ _____

TOTAL COVERED BY INSURANCE: \$ _____

(Please attach copies of any written bills receipts, estimates, photos, etc.)

IMPORTANT: If you would like to be notified of court proceedings in this case, please mark the appropriate box below. The Missouri Constitution and §595.209 of the Missouri Revised Statutes give you the right to be informed of and heard at guilty pleas, bail hearings, sentencings and probation revocation hearings UPON YOUR WRITTEN REQUEST for any crime. Checking the Yes box below and signing your name will serve as your written request to be notified of all such hearings. ***Please note that failure to return this form may result in no notification or restitution being ordered.*** Should you wish to request notification of hearings immediately upon receiving this form but are not prepared to provide all of the restitution and or victim impact information, please return the form promptly with the appropriate box checked and your signature with a note indicating you will provide the rest of the requested information at a later date.

Yes, I would like to be notified of court proceedings pertaining to this case _____

No, I do not request notification of court proceedings pertaining to this case _____

Date

Signature