

VICTIM IMPACT STATEMENT

State of Minnesota vs.: _____
Court File No.: _____ CA File No.: _____

You are not required to fill out this form. However, this statement gives you an opportunity to express how you have been impacted as a result of this crime. *(If you need additional space for any answer please attach sheets of paper as necessary).*

PERSONAL IMPACT

How has being a victim of this crime made you feel?

Has being a victim affected the way you and/or your family live? If yes, please explain.

Are you fearful of future problems with the defendant? If yes, please explain.

Was there a financial impact on you and/or your family because of this crime?

Is there anything else in relation to this offense that you would like the court to know prior to sentencing this offender?

SENTENCING REQUESTS

Although it is the responsibility of the judge to impose final sentencing, your opinion is important. What would you like to see happen with this case?

_____ *Probation*-An alternative to or an extended part of imprisonment. It is a system in which the offender is monitored by a probation agent to insure compliance with the terms of the sentence.

_____ *Prison*-A state-run security detention center. More serious offenders are detained in these facilities. (*Only felony level offender's may be sentenced to prison*)

_____ *Jail*-A detention facility managed by the county sheriff's office. Usually accommodates less serious offenders.

_____ *Restitution*-As a condition of the offender's sentence, he/she is ordered to reimburse the victim for any monetary damage.

_____ *Treatment and/or Therapy*- Psychological Assessment, Domestic Violence Assessment, or Chemical Dependency Assessment. As a condition of the offender's sentence he/she is ordered to participate and follow the recommendations of each assessment.

_____ *No Contact*-By court order, the defendant will be unable to contact you in any manner.

_____ *Limited Contact*- By court order, the defendant will only be able to contact you under specific circumstances.

Please Specify:_____.

_____ *Apology*-An apology from the offender to the victim.

_____ *Mediation*-A meeting that includes the offender, the victim, and a facilitator.

_____ *Other*-Please Explain: _____

Signature

Date

OTHER REQUESTS

Even if you do not have any specific disposition request, you still have the right to be notified of the developments of the case and the outcome of the sentence. If you would like this information, but do not wish to make any other requests, please check the following appropriate blank:

- Yes, I want to be notified of the progress in the prosecution.
- Yes, I want to be notified of the sentence of this case.
- Yes, I want notification of the offender's release.

Is any of your property in custody of Law Enforcement? Yes No

Do you need assistance in the return of your property? Yes No

PLEASE COMPLETE THE FOLLOWING:

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

City: _____ State: _____ Zip: _____

Signature

Date