

## Victim Information And Impact Statement

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Defendant's Name: \_\_\_\_\_

\_\_\_ I would like for you to notify me so I may be present at the sentencing of the defendant. I have enclosed a self-addressed stamped envelope.

\_\_\_ I waive my right to be present at sentencing but would like to submit my Victim Impact Statement for the record.

\_\_\_\_\_  
Signature

### Victim Impact Statement

Please state what impact the crime has had on your life or family:

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Your suggestion as to an appropriate punishment:

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