**Free Victim Impact Statement Template**

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| Defendant |
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| Sentencing Date |
|  |
| Number |
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| Victim’s name |  |
| Person’s name completing the form |  |
| Relationship with the victim |  |

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| --- | --- | --- |
| **Physical Injuries** | | |
| Did the victim suffer any physical injury because of the offense? | Yes | No |
| If yes, then outline the victim’s physical injury and treatment received by him or her. | | |
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| **Emotional Effects and Treatment** |
| Outline the emotional effect on you and your family because of the crime. |
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| **DETAIL** | **Amount $** |
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|  | **Total $** |

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| **Financial Impact** |
| Describe the financial loss or property damage you and your family must suffer because of the |
| crime. |
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Signature (person completing this form):

Date: DD / MM / YYYY