**Free Victim Impact Statement Template**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Victim’ Rights Acts gives you the opportunity to make an impact statement to the court about what has happened to you. You can provide this impact statement in person or as writing.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Victim Name: |  |  |
| Case #: |  |  |
| Defendant’s Name |  |  |

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| 1. Please explain if you suffer property damage because of this crime. Add details including copies of bills. If you do not own the property than provide information of the property owners. |
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| 1. Please explain if you need medical treatment of physical injuries because of this crime. Add details including copies of bills. |
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| 1. Explain your reaction to this crime and how it has affected you and your family life. Also include any damage or physical injuries because of this crime. |
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| 1. Please add details of claim of money you get from insurance company. |
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| 1. Please include further details or comments that you feel in crucial for the judge to know. |
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| 1. Please attach proof from your employer in case of lost wages. |
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|  | I acknowledge this statement and as per my best knowledge all the details are accurate. |
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| NOTES |  |
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| Victim’s Signature: |  |  |
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| Date: |  |  |