**VICTIM IMPACT STATEMENT TEMPLATE**

**SECTION ……………………………. (SENTENCING) ACT**

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| **Victim Name:** |  |  |
| **Family member / Dependent:** |  |  |
| **Dependency / Nature of relation:** |  |  |
| **Offender Name:** |  |  |
| **Offense Date:** |  | DD / MM / YYYY |

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| **Non-Physical Trauma** |
| Write here……… | | |
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| **Physical Injuries** |
| Write here……… | | |
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| **Financial Loss** |
| Write here……… | | |
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| **Emotional** |
| Write here……… | | |
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| **Compensation for loss** |
| Write here……… | | |
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| **Sentence** |
| Write here……… | | |
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| **Other crucial information** |
| Write here……… | | |
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I acknowledge all the details that this statement includes.

Victim Signature:

Date: DD / MM / YYYY