

VICTIM IMPACT STATEMENT

VICTIM IMPACT INFORMATION. To be completed by the victim, parent/guardian or close relative of the victim. Please give any other information you believe is important about the effect of this crime on you and your family. **Please do not relate any information about the crime itself; those facts are available already in other reports.**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The information in this Victim Impact Statement is true and correct to the best of my knowledge.

Print Name

Signature

Date _____

Information submitted by: ☐ Victim ☐ Parent/Guardian ☐ Close Relative ☐ Other