

VICTIM IMPACT STATEMENT

As a victim of a crime, you are entitled to give a statement to the court about how this crime has affected your life.

THIS FORM MUST BE RETURNED BY :

DEFENDANT:

COURT CASE NO.:

CHARGE(S):

DISTRICT ATTORNEY:

VICTIM: _____ TELEPHONE: _____ (H) _____ (W)

Briefly state in your own words information pertaining to the economic, physical and psychological effect this crime had upon you. (Use reverse side if needed.)

What kind of sentencing do you feel this defendant should receive and why? (use reverse side if needed.)

To the best of my knowledge, the above information is true and accurate.

Signature _____ **Date** _____

Please return to : Victim Witness Services, PO Box 3188, Green Lake, WI 54941