

STATE OF MISSISSIPPI VS. _____

FILE NO. _____

VICTIM IMPACT STATEMENT

INSTRUCTIONS: This form will allow the sentencing Judge and the Prosecutor to know your feelings about being the victim of a crime and how the crime has affected you.

CONTACT INFORMATION: This information will be used throughout the prosecution to communicate with you regarding updates and notifications. If you move, or change telephone numbers, please notify our office.

Victim's Full Name: _____

Surviving Victim's Name: _____

DOB: _____ SSN: _____

Current Street Address: _____
(Street Address) (City) (State) (Zip)

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Place of Employment: _____ Work Phone: () _____

Contact Person (if we are unable to reach you): Name: _____

Relationship to you: _____ Home Phone: _____ Cell or other Phone: _____

Address: _____

Please complete the following pages to the best of your ability. If you need additional space, feel free to attach extra pages

Victim's Physical / Emotional Injury: Explain any injuries you sustained as a result of this crime and any treatment you received. Please attach copies of bills for medical treatment you have incurred as a result of this crime. Also include information about whether or not you continue to receive treatment.

Victim's Property Loss: List any property that was damaged, destroyed or lost and the value of that property. Attach copies of bills or estimates for repair.

Amount reimbursed by insurance, if any: \$ _____

Deductible amount: \$ _____

Amount of Restitution you are requesting: \$ _____
(i.e., Out of Pocket Expenses incurred as a result of this crime - Supported by Documentation, if available)

Victim's Personal Response: Express your feelings about how being the victim, or surviving victim, of this crime has affected you personally and those around you. What are your thoughts regarding the sentence the Court should impose on the Defendant(s)?

I swear that the statements made herein are true to the best of my knowledge.

Signature

Date

If you are completing this statement for someone else, please complete the following:

Your Name

Your Relationship to Victim

RETURN THIS FORM TO: Leigh Mercer, Victim Assistance Coordinator, District Attorney's Office, 365 Loshier Street, Suite 210, Hernando, MS 38632. Phone: (662) 429-1374 Fax: (662) 429-5404