VICTIM IMPACT STATEMENT

Please type or print in ink.

County: Ward	File Number:
Defendant:	Offense Charged:

Although the State's Attorney does not represent you, the information you provide here may help the judge & prosecutor to better understand how this crime has affected you and/or your family. Copies of this statement may be provided to the Defense Attorney and Defendant. If you need more room for your answers, attach extra sheets and number the sheet with the question.

Victim:	Age of Victim:
Person Other Than Victim Completing Statement:	
Relationship To Victim:	

1. How have you and/or members of your family been affected by this crime? Did you receive any counseling or therapy? You may wish to write about changes that affected you and/or your family's ability to enjoy daily activities; such as: work, home life, recreation, relationships.

2. Were you physically injured or hurt as a result of this crime? If yes, you may wish to write about the type of injuries incurred, medical treatment received and/or what adjustments you had to make as a result of the injury?

3. Please indicate any thoughts or suggestions you have as to the sentence the court should impose on the defendant. Do you favor imprisonment? Would you like a no contact order included?

4. Do you have any additional comments or suggestions?

Damages/Restitution: If you would like the court to consider restitution, please use this portion of the form to list any expenses you have had or paid as a direct result of this crime. Some of the sections may or may not apply to you. **Attach copies of bills, receipts, estimates of value, replacement costs, other evidence or supporting documentation verifying the claim of the costs listed below**. Please attach additional pages as necessary.

	VALUE
1. List any medical expenses: hospital stays, doctor bills, medication, counseling/therapy, rehabilitation services etc. _____	$ _____
_____	_____
_____	_____
_____	_____
2. List damaged, destroyed or stolen property. _____	$ _____
_____	_____
_____	_____
_____	_____
3. List any other expenses incurred as a direct result of the crime such as lost wages, child care, transportation or funeral expenses. _____	$ _____
_____	_____
_____	_____
_____	_____
TOTAL:	$ _____

Complete the following section if you have already received or expect to receive any payments or benefits from the following sources.

Have you applied for Crime Victim's Compensation? ☐ YES ☐ NO
If yes, please list amount received: $_____

Medical Insurance:
Name of Company: _____
Address: _____
_____
Phone #: _____
Claim #: _____
Deductible Paid $_____
Amount Received $_____

Property, Auto or Homeowners Insurance:
Name of Company: _____
Address: _____
_____
Phone #: _____
Claim #: _____
Deductible Paid $_____
Amount Received $ _____

Other (List sources and amount covered. Please use additional paper if necessary): _____
_____

_____ / _____
Signature Date

State of NORTH DAKOTA

County of _____

Subscribed and Sworn before me, this _____day of _____, 2009.

_____
Notary Public