

cc: \_\_\_prosecutor  
\_\_\_judge

**VICTIM IMPACT STATEMENT**  
*Hardin County Victim Assistance*  
**(Crimes Against Individuals)**

Offender(s):

Victim's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, Apt. No., PO Box, City, State, Zip Code

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Best time and place to reach me:  Home  Work, between \_\_\_\_\_ A.M./P.M and \_\_\_\_\_ AM/P.M.

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1. Do you wish to be informed of future hearings?  Yes  No

2. Were you acquainted with the Offender(s) at the time of the incident?  Yes  No  
If yes, please describe your relationship:

\_\_\_\_\_

3. Do you fear the Offender(s) will retaliate against you for reporting this crime?  Yes  No  
If yes, please explain:

\_\_\_\_\_

4. As a result of this incident, describe your injuries, medical treatment and where you received your medical treatment.

\_\_\_\_\_

5. Are there any thoughts or suggestions that you have concerning the punishment that the Offender should receive, including: **NO CONTACT WITH YOU OR YOUR FAMILY, COMMUNITY WORK, PROBATION OR INCARCERATION?**  Yes  No Please circle your preference(s)

OTHER SUGGESTIONS:

\_\_\_\_\_

6. If given the opportunity, would you like to participate in a program in which you could confront your offender?     Yes     No

**CRIME RELATED COSTS**

Please use this portion of the form to list any losses that you suffered as a result of this crime. **DO NOT** include items that have been recovered by Law Enforcement, unless the items were damaged. **It is very important that you attach copies of receipts and estimates to support the costs listed. Failure to do so may result in the Court not Ordering the Offender(s) to pay restitution to you.** Be sure to update your losses, as information becomes available.

1. Please list any medical expenses that you have as a result of this crime.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

2. Please list any personal belongings (example: televisions, clothing jewelry, etc), property lost, damaged or destroyed as a result of this crime. This may also include damage to your home, vehicle or business.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

3. If you have lost wages or income as a result of this crime, please indicate the total amount of money you lost and the reason why. **Please attach a current pay stub and a letter from your employer verifying the amount of lost wages or income.**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL CRIME RELATED COSTS:** \$ \_\_\_\_\_

**MONEY PAID BY YOUR INSURANCE COMPANY**

If you have received or expect to receive any payments or benefits from the source below, please indicate the amount, name of insurance company and claim number. **Please attach copies of insurance payments received.**

Name of Insurance Company: \_\_\_\_\_

Agents Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Claim No.: \_\_\_\_\_

Amount of Deductible that you have had to pay: \$ \_\_\_\_\_

Amount of Claim that was paid to you: \$ \_\_\_\_\_

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The above statements are true to the best of my knowledge. I authorize Hardin County Victim Assistance to contact, gather, and release information to creditors, insurance companies, and other parties who may have information relating to the criminal case at hand in order to determine correct restitution and victim impact.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are completing this statement for the victim, please print the following:

Your name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the Victim: \_\_\_\_\_

