

VICTIM IMPACT STATEMENT

For
Business Victims

If you need more space to answer any of the following questions, please feel free to use as much paper as you need and simply attach these sheets of paper to this impact statement. Thank You.

Your Name _____

Defendant's Name _____

1. How has this crime affected you and your business? Have you made any changes in the way you run your business or deal with employees because of this crime? Has the crime caused a financial hardship for your business? Please use any additional paper as necessary.

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Please return this to the 16th Judicial District Attorney's Victim/Witness Assistance Office
300 Iberia Street, Suite 200, New Iberia, LA, 70560

2. If the defendant is placed on probation are there any special conditions of probation you would like to see imposed?

3. Are there any other statements you would like to write down for the Judge to see concerning this matter?
Do you wish to be present when the defendant is sentenced and speak to the Judge?

VICTIM RESTITUTION FORM

For
Business Victims

Please return this to the 16th Judicial District Attorney's Victim/Witness Assistance Office
300 Iberia Street, Suite 200, New Iberia, LA, 70560

RE: STATE OF LOUISIANA vs. _____

NAME: _____

ADDRESS: _____

PHONE:
(Work) _____ (Home) _____ (Cell) _____

Please fill out the form to assist in the prosecution of your case. Use the back of form if necessary.

1. MEDICAL EXPENSES FOR INJURY

Hospital _____ Amount _____

Doctor _____ Amount _____

Pharmacy _____ Amount _____

Other _____ Amount _____

2. PROPERTY LOST/STOLEN AND NOT RECOVERED

Item _____ Amount _____

Item _____ Amount _____

3. PROPERTY DAMAGE TO BE REPLACED:

4. INSURANCE COMPANY

Claim Made _____ Benefit Received _____

TOTAL AMOUNT OF LOSS, DAMAGE OR EXPENSES: _____

DATE: _____ Victim/Complainant _____