

VICTIM IMPACT STATEMENT *For Parents of Child 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: _____

Name of Child: _____

Defendant's Name: _____

1. Has your child been emotionally affected by this crime? If yes, you may wish to discuss how the crime may have affected your child's relationship with you, family members and those close to you. If your child received any form of victim services such as counseling by either a licensed professional, member of the clergy or a community-support group, you may wish to mention this. Please use additional paper as necessary.

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4. How has this crime affected you, your family and those close to your child? You may wish to write about changes that may have occurred in your family, in your ability to perform your work, make a living, run a household or enjoy any other activities you enjoyed before the crime. You may also wish to include any victim services or counseling that you and those close to your child have received. Please use additional paper as necessary.

SENTENCING RECOMMENDATION

Answer only those questions you wish to answer. Please feel free to use additional paper if necessary.

1. What are your thoughts regarding the sentence the Court should impose on the defendant?

Docket #
Court Date:
ADA:

VICTIM RESTITUTION SHEET

Please return 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. _____
(MUST FILL OUT AND RETURN (EVEN IF NO RESTITUTION IS DUE))

NAME: _____

ADDRESS: _____

TELEPHONE (Work) _____ (Home) _____

FAILURE TO RETURN THIS INFORMATION MAY AFFECT RESTITUTION COLLECTION

1. MEDICAL EXPENSES FOR INJURY

Hospital	_____	Amount	_____
Doctor	_____	Amount	_____
Pharmacy	_____	Amount	_____
Ambulance	_____	Amount	_____
Other	_____	Amount	_____

2. PROPERTY LOST/STOLEN AND NOT RECOVERED:

Item	_____	Amount	_____
Item	_____	Amount	_____
Item	_____	Amount	_____
Other	_____	Amount	_____

3. PROPERTY DAMAGE TO BE REPLACED:

Item	_____	Amount	_____
Item	_____	Amount	_____
Other	_____	Amount	_____

4. INSURANCE COMPANY

Claim Made: _____ Benefit received: _____

AMOUNT OF LOSS, DAMAGE OR EXPENSES: _____ TOTAL: \$ _____

Comments for Judge regarding the defendant's sentencing: _____

NOTE: If you change your address or telephone number please notify this office.