

VICTIM IMPACT STATEMENT

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? Please feel free to discuss how this crime may have affected your relationships with family members and those close to you. If you have received any form of victim services such as counseling by either a licensed professional, member of the clergy or a community-support program group, you may wish to mention this. Please use any additional paper as necessary.

SENTENCING RECOMMENDATION

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

VICTIM RESTITUTION FORM

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 _____