

Victim Impact Statement and Request Form

Re: docket #: _____

Your Name: _____ Date of Offense: _____

1. If the judge determines that the child has committed the delinquent act in question, the court may release the identity of the child to you *if* the court finds that release of the child’s identity is in the best interests of both you and the child.

I REQUEST that the court tell me the identity of the juvenile for the following reasons:

2. The victim of a delinquent act has the right to file with the court a written or recorded statement of the impact of the act on the victim and the need for restitution.

I enclose this form as my written statement of the impact of the delinquent act on me.

I will send the court a separate written or recorded statement of the impact of the delinquent act on me and the need for restitution.

I REQUEST to be present at the disposition (“sentencing”) hearing to tell the court how the offense has affected me. The reasons for this request are as follows:

3. The court will take a victim’s views into consideration in deciding the outcome (“disposition”) of the case. If you wish, you may use this form to describe the impact that this incident has had on you as the victim, including any physical injuries, emotional impact, and physical damage.

a. **Physical injuries** requiring medical treatment? YES _____ NO _____ If yes, please describe your injuries and treatment:

Do you have insurance that will cover costs of medical treatment? YES _____ NO _____

Name of insurance company _____

Will there be any uninsured expenses related to medical treatment? YES _____ NO _____ UNSURE _____

b. The **emotional or psychological impact** is:

I will / will not be seeking counseling as a result of this incident.

I do / do not have insurance that will cover the costs of counseling.

c. **Property damage** is as follows:

Total cost to repair/replace property: _____ (Please attach bills, estimates)

Total amount covered by insurance: _____ Name of insurance company:

What is your deductible? _____ (Please attach copy of insurance policy showing deductible)

d. **I wish to request restitution**

For: Medical Expenses	\$ _____
Counseling Expenses	\$ _____
Property Damage or Loss	\$ _____
Vehicle Damage or Loss	\$ _____
Other crime related expenses	\$ _____
TOTAL EXPENSES:	\$ _____

(Restitution can only be requested for UNINSURED expenses)

Amounts covered by insurance \$ _____
TOTAL RESTITUTION REQUESTED: \$ _____

e. I have recommendations for the outcome of the case. Here is my opinion and reasons:

Signature _____

Date _____

Signature, if prepared by someone other than victim _____

Date _____

The purpose of this voluntary statement is to let the Court know how you feel about the delinquent act and how it has affected you emotionally, physically and/or financially.

The court will provide a copy of this form to the defense attorney if you choose to complete it.

If you have any questions, please call _____ at (802) _____ at the _____ Court.

Please return this form to the _____ Court within two weeks of the date you receive this letter.