

CHAD M. THURSTON
Chief Deputy

AUDRA SNYDER
Deputy Prosecutor

JULIE-MARIE BROWN
Deputy Prosecutor

ALEXA REED
Victim Advocate

OFFICE OF THE
PROSECUTING ATTORNEY
ADAMS COUNTY
26TH JUDICIAL CIRCUIT OF INDIANA

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VICTIM IMPACT STATEMENT

RE: Defendant's Name _____ Cause No. _____

Victim's Name: _____

This form allows you to describe how this crime has impacted you. If you wish to make a victim impact statement, please complete this form and return to the prosecutor's office. This form may also be given to the Judge in this case at sentencing if the Defendant is convicted in this case. You can return this form personally, by mail or by email to Alexa Reed at areed@co.adams.in.us.

As a result of the crime(s), I suffered: _____

As part of any sentence, I feel the defendant should: _____

Dated: _____ Signed by Victim: _____