

VICTIM IMPACT STATEMENT

All victims of crime suffer one way or another. Please complete this form so we can tell the judge at sentencing how the impact of this crime has affected your life. (Please print or type. Use reverse side of this form if necessary)

Name of Defendant: _____

Attorney for Defendant: _____

Date of Incident: _____

Charge(s): _____

Case #: _____

Victim Name: _____

Address: _____

Phone: _____

Please state what impact this crime has had on your life or your family life.
(Use Reverse Side if Necessary)

Where you Injured: (Describe) _____

Was your life or physical well-being threatened? (Describe how)

Do you have a suggestion as to the appropriate punishment for the defendant?

REQUEST OF VICTIM NOTIFICATION CONCERNING CRIMINAL CASE

As a crime victim you have, upon written request, several rights as a result of the passage in 1992 of the Missouri Constitution Amendment for the Crime Victims. If you will complete the form and return it to our office, it will meet the written request requirements.

Name: _____ Address _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work Phone: _____

In order to ensure that we can reach you, please keep us informed of any address or phone number changes by calling (816) 449-2083.

Check the following if you wish to be notified and/or present. Please check (N) column if you want to be notified and (P) column if you want to be present.

| N | P | | N | P | |
|-----|-----|-------------------------|-----|-----|---------------------------------|
| ___ | ___ | Bond Hearings | ___ | ___ | Trial |
| ___ | ___ | Preliminary Hearings | ___ | ___ | Motion New Trial |
| ___ | ___ | Circuit Ct. Arraignment | ___ | ___ | Sentencing/ Disposition |
| ___ | ___ | Continuance | ___ | ___ | Post Conviction Release Motions |
| ___ | ___ | Plea Offers | ___ | ___ | Appeal Hearings |
| ___ | ___ | Pleas | ___ | ___ | Probation/ Parole Hearing |
| ___ | ___ | Pre- Trial Hearings | ___ | ___ | Probation Revocation Hearing |

Please keep me notified in regards to the areas I have checked above by:

- Phone
- Mail
- E-Mail: _____

Signature: _____ Date: _____

RESTITUTION CLAIM

What is the nature of your claim?

| | | | |
|--|----------|---------------|----------|
| Medical Expenses | \$ _____ | Missing Items | \$ _____ |
| Damaged Items | \$ _____ | Other | \$ _____ |
| Total Value Loss | \$ _____ | | |
| Total Amount Covered by Insurance \$ _____ | | | |

***PLEASE ATTACH COPIES OF ANY WRITTEN BILL, RECIEPTS, ESTIMATES, ECT.
MUST HAVE DOCUMENTATION TO RECEIVE RESTITUTION.***

Did your loss include anything with sentimental or other irreplaceable value? (Describe)

Signature: _____ Date: _____

Please return this form to:

**Joni Ignatenko
DeKalb Victim Services Program
P.O. Box 248
Maysville, Missouri 64469**

If you have any questions, please feel free to call (816) 449-2083. «TableEnd_Case»