

As a victim of a crime you have the opportunity to use the attached Victim Impact Statement to describe how this crime has affected you and others close to you. This statement allows you to write about the physical, emotional, and financial effects of this crime, as well as any other changes in your life you may have experienced.

No one knows better than you how this crime may have changed your life. Those of us involved in your case believe that it is very important for you to help the court to understand all of the ways this crime has affected you and those close to you. The enclosed form may appear to be impersonal but, when it is completed in your own words it will help to personalize for the Judge, Prosecutor, Victim-witness coordinator, and other court officers the impact that this crime has had on your life and those close to you.

VICTIM IMPACT STATEMENT

Pursuant to the Tennessee Code Annotated 40-35-205, you are afforded the opportunity to submit any statement relating to sentencing:

State V. _____

Circuit Court Case/Docket # _____

Case is assigned to Assistant District Attorney: _____

If you need additional space, please feel free to attach extra pages. Also if you have any questions concerning how to complete the victim impact statement, please call our office at 931-648-5574. Please fill out this form as soon as possible and return it to: District Attorney's Office, 200 Commerce Street Suit A Clarksville, TN 37040.

VICTIMS PERSONAL REACTION: Write your feelings on how being the victim of this crime have affected you personally, as well as those around you.

VICTIMS PHYSICAL and/or EMOTIONAL INJURY: Explain any injuries or treatment that you have received.

VICTIMS PROPERTY LOSS: (1) List any property that was damaged or lost and its value. (2) Was your property recovered? (3) **PLEASE ATTACH COPIES OF BILLS OR ESTIMATES FOR REPAIR OR LOSS OF YOUR PROPERTY, WITHOUT THIS INFORMATION RESTITUTION MAY NOT BE CONSIDERED.**

COMPENSATION: List any agency or company you have made application to for replacement or to cover your loss; include policy numbers.

MORE QUESTIONS ON THE BACK

PLEASE LIST ANY COMPENSATION OR RESTITUTION YOU HAVE ALREADY RECEIVED.

RESTITUTION: Give your opinion of whether the person convicted should pay for your loss. (1) What amount is the out of pocket expenses you have incurred? (2) Are there medical expenses that are not covered by your insurance? **PLEASE ATTACH ALL RECEIPTS, WITHOUT THIS INFO RESTITUTION MAY NOT BE CONSIDERED.**

SENTENCING: Give your recommendation for sentencing of the offender(s).

ARE THERE ANY OTHER COMMENTS OR CONCERNS THAT YOU WOULD LIKE TO EXPRESS?

VICTIM CONTACT INFORMATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

EMPLOYER NAME AND ADDRESS: _____

*If you are completing this statement for someone else, please provide us with:

Your name and phone number: _____

Relationship to the victim: _____