

VICTIM IMPACT STATEMENT

284 EAST BAY STREET
MAGNOLIA MS 39652
(601)783-6677
FAX # (601)783-5646



301 SOUTH 1ST STREET RM 207
BROOKHAVEN, MS 39601
(601)833-3811
FAX# (601)835-2942

OFFICE OF VICTIM ASSISTANCE
DEE BATES, DISTRICT ATTORNEY

READ INSTRUCTIONS BEFORE COMPLETING:

The Office of the District Attorney has received your case file from law enforcement. However, additional information is needed in order to further process your case through the criminal justice system. Please take a few minutes of your time to complete this victim impact form. If you have questions or need assistance in completing this form, please contact the Office of Victim Assistance at the above numbers. We look forward to serving you to the best of our ability and as provided by law.

STATE VS.

Cause #:

SECTION A - VICTIM INFORMATION

VICTIM'S NAME

PHYSICAL ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (HOME)

TELEPHONE NUMBER (WORK)

ALTERNATE NUMBER (PAGER, CELL)

DATE OF BIRTH

MARITAL STATUS

The following information is used for statistical purposes only and is needed to comply with federal regulations.

SEX: FEMALE

RACE: WHITE

BLACK

MALE

HISPANIC

AMERICAN INDIAN

ALASKAN NATIVE

ASIAN/PACIFIC ISLANDER

OTHER

IF THE DEFENDANT PLEADS GUILTY, WOULD YOU LIKE TO BE PRESENT FOR SENTENCING? _____ YES _____ NO

SECTION B - REPRESENTATIVE INFORMATION

IF VICTIM IS DECEASED, A MINOR OR ELDERLY, PLEASE LIST INFORMATION FOR A CONTACT REPRESENTATIVE.

REPRESENTATIVE'S NAME

RELATIONSHIP TO VICTIM

PHYSICAL ADDRESS

CITY

STATE

ZIP CODE

MAILING ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (HOME)

TELEPHONE NUMBER (WORK)

ALTERNATIVE NUMBER (PAGER, CELL)

SECTION C - FINANCIAL IMPACT STATEMENT

PLEASE COMPLETE THE FOLLOWING QUESTIONS THAT WILL ASSIST THE COURT IN DETERMINING IF AND TO WHOM RESTITUTION SHOULD BE ORDERED. THE INFORMATION REGARDING EXPENSES THAT YOU REPORT BELOW WILL BE REPORTED TO THE COURT, SO PLEASE BE THOROUGH AND ACCURATE TO THE BEST OF YOUR ABILITY. IF NEEDED, ATTACH ADDITIONAL PAGES.

1. DO YOU OWE ANY MONEY TO ANY PERSON OR AGENCY AS A DIRECT RESULT OF THIS CRIME? _____ AMOUNT _____
HAVE YOU PAID ANY MONEY TO ANY PERSON OR AGENCY AS A DIRECT RESULT OF THIS CRIME? _____ AMOUNT _____

2. WAS MONEY STOLEN FROM YOU? CASH [] AMOUNT _____ CHECKS [] AMOUNT _____
IF CHECKS, IS RESTITUTION OWED TO YOU OR BANK? _____ NAME OF BANK _____

3. WERE CREDIT CARDS STOLEN AND/OR USED? _____ AMOUNT _____
IS RESTITUTION OWED TO YOU OR CREDIT CARD COMPANY? _____
NAME OF CREDIT CARD COMPANY _____ ADDRESS _____

4. WAS PERSONAL PROPERTY STOLEN? _____ WAS PERSONAL PROPERTY RECOVERED? [] NOT RECOVERED? []

5. IF PERSONAL PROPERTY WAS NOT RECOVERED, PLEASE DESCRIBE EACH ITEM AND GIVE ITS VALUE.
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

6. IF PERSONAL PROPERTY WAS RECOVERED BUT DAMAGED, PLEASE DESCRIBE DAMAGE AND GIVE REPAIR/REPLACEMENT VALUE.
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

7. WAS YOUR HOME DAMAGED OR DESTROYED? (BROKEN WINDOW, DOOR KICKED IN, FIRE DAMAGE, BULLET DAMAGE ETC.) _____
IF YES, DESCRIBE DAMAGE AND GIVE COST OF REPAIRS. \$ _____

7. HAVE YOU FILED A CLAIM WITH AN INSURANCE PROVIDER TO PAY FOR ANY CRIME RELATED EXPENSES? _____
IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:
NAME OF INSURANCE COMPANY _____
CONTACT PERSON _____ PHONE NUMBER _____
CLAIM OR IDENTIFICATION NUMBER _____
ADDRESS _____

HAVE YOU RECEIVED A PAYMENT OR SETTLEMENT FROM ANY INSURANCE COMPANY? _____ AMOUNT RECEIVED? _____

TOTAL RESTITUTION AMOUNT : \$ _____

STATE VS.

Cause #:

SECTION D - PERSONAL IMPACT INFORMATION

IN THIS SECTION PLEASE DO YOUR BEST TO DESCRIBE WHAT (IF ANY) EFFECT THIS CRIME HAS HAD ON YOU. IF NEEDED, ATTACH ADDITIONAL PAGES.

SECTION E - SENTENCING INFORMATION

ALTHOUGH THE COURT WILL DECIDE THE SENTENCE OF THE OFFENDER(S). THE JUDGE WOULD LIKE TO KNOW WHAT YOUR OPINION IS ON THIS MATTER, IF YOU HAVE AN OPINION, PLEASE CHOOSE FROM THE OPTIONS BELOW. IF YOU HAVE NO OPINION, PLEASE MARK "NO OPINION".

I FEEL THE DEFENDANT SHOULD RECEIVE THE FOLLOWING UPON SENTENCING IN THIS MATTER:

- [] JAIL SENTENCE
- [] SUSPENDED JAIL SENTENCE AND/OR PROBATION
- [] RESTITUTION
- [] NO OPINION

ADDITIONAL COMMENTS _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS VICTIM IMPACT STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT I HAVE READ AND/OR UNDERSTOOD, AND AGREE TO THE ABOVE STATEMENTS.

SIGNATURE

DATE COMPLETED