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 you 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** **[ ] MALE**

RACE: **[ ] WHITE** **[ ] BLACK** **[ ] 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)**

STATE VS. Cause #:

SECTION C - FINANCIAL IMPACT INFORMATION

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. 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? _____

4. AS A RESULT OF THIS CRIME, ARE YOU RECEIVING WORKER'S COMPENSATION, SOCIAL SECURITY DISABILITY OR SSI? _____

   _____

5. HAVE YOU LISTED ALL FINANCIAL IMPACT INFORMATION FOR THE COURT TO CONSIDER PRIOR TO SENTENCING? _____

   IF NO, PLEASE DESCRIBE ADDITIONAL IMPACT: _____

   _____

   _____

SECTION D - PHYSICAL IMPACT INFORMATION

IF YOU WERE INJURED PHYSICALLY IN ANY WAY. PLEASE COMPLETE THE FOLLOWING QUESTIONS. PLEASE ATTACH ALL APPLICABLE MEDICAL BILLS.

1. DID YOU RECEIVE MEDICAL TREATMENT? _____ WHERE? [ ]CRIME SCENE [ ] EMERGENCY ROOM

   [ ] ADMITTED TO HOSPITAL

   NAME OF HOSPITAL _____

2. WERE YOU TAKEN TO HOSPITAL? _____ HOW? [ ] AMBULANCE [ ] HELICOPTER [ ] PERSONAL VEHICLE

3. ARE YOUR INJURIES CONSIDERED TEMPORARY OR PERMANENT? _____

   EXPLAIN. _____

   _____

   _____

4. WILL YOUR INJURIES REQUIRE FUTURE TREATMENT OR SURGERY ? _____

   IF YES, EXPLAIN._____

   _____

   _____

5. DO YOU HAVE MEDICAID/MEDICARE/CHIP THAT WOULD OR HAS PAID TOWARD ANY CRIME RELATED EXPENSE? _____

   PROVIDER _____ PHONE NUMBER _____

PLEASE ATTACH ALL MEDICAL BILLS TO THIS STATEMENT. TOTAL RESTITUTION AMOUNT: _____

STATE VS. **Cause #:**

SECTION E - 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**