

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

BUSINESS NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

ALTERNATE NUMBER

SECTION B - REPRESENTATIVE INFORMATION

PLEASE LIST CONTACT INFORMATION FOR BUSINESS REPRESENTATIVE.

REPRESENTATIVE'S NAME

JOB TITLE

PHYSICAL ADDRESS

CITY

STATE

ZIP CODE

MAILING ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (HOME)

TELEPHONE NUMBER (WORK)

ALTERNATIVE NUMBER (PAGER, CELL)

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 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. WAS MERCHANDISE STOLEN? _____ WAS MERCHANDISE RECOVERED? [] NOT RECOVERED? []

2. IF MERCHANDISE WAS NOT RECOVERED, PLEASE DESCRIBE EACH ITEM AND GIVE ITS VALUE.

\$ _____

\$ _____

\$ _____

\$ _____

3. IF MERCHANDISE WAS RECOVERED BUT DAMAGED, PLEASE DESCRIBE DAMAGE AND GIVE REPAIR/REPLACEMENT VALUE.

\$ _____

\$ _____

\$ _____

4. WAS MONEY STOLEN? _____ HOW MUCH? \$ _____ WAS MONEY PAID BACK? _____

TO WHOM IS THE MONEY OWED? YOU [] BANK [] BANK NAME _____

5. WAS THE BUSINESS DAMAGED OR DESTROYED? (BROKEN WINDOW, DOOR KICKED IN, FIRE DAMAGE, BULLET DAMAGE ETC.) _____

IF YES, DESCRIBE DAMAGE AND GIVE COST OF REPAIRS. \$ _____

6. WAS PERSONAL PROPERTY OR MONEY STOLEN FROM YOU OR OTHER EMPLOYEES? _____

IF YES, GIVE VALUES AND/OR AMOUNTS.

_____ \$ _____ _____ \$ _____
_____ \$ _____ _____ \$ _____
_____ \$ _____ _____ \$ _____

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 : \$ _____

