

BROWN COUNTY PROBATION DEPARTMENT

VICTIM IMPACT STATEMENT

VICTIM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RE: STATE OF MINNESOTA VS. _____

OFFENSE: _____

SENTENCING DATE/TIME: _____

COURT SERVICE OFFICER ASSIGNED: _____

To assist our Department in its report to the sentencing Judge, we request your voluntary cooperation in completing this form. You are not required to complete this form, however the information provided will be forwarded to the Court for sentencing purposes.

1. Please describe the nature of the crime in which you were a victim (use back of form if needed).

2. As a result of this crime, were you physically or emotionally injured?

Yes No If yes, please describe.

3. Did you require treatment or counseling as a result of this crime?

Yes No If yes, please list the name(s) and city of the clinic or program and a little about the program or treatment and what is required of you.

4. Amount of expenses incurred to date as a result of medical treatment: \$ _____
counseling \$ _____
Amount anticipated to spend (total) \$ _____

5. As a result of the offense against you, what is the current value of the damage or loss of your property. (If you have already completed and sent in the affidavit of restitution, please disregard this question and question number 6). \$ _____

6. Please list the items or elements of the above loss. Attach a separate sheet if necessary.

7. Did this offense affect your ability to earn a living?

Yes No

8. Do you anticipate incurring any other expenses or losses as a result of this incident?

Yes No If yes, please describe.

9. Has this offense affected your lifestyle or your family's lifestyle?

Yes No If yes, please describe.

10. Are there any other lasting effects of this incident which are now being experienced by you or members of your family? Yes No If yes, please explain.

11. Please described what being the victim of a crime has meant to you and your family and whether or not this offense has changed your feelings about the criminal justice system (for better or worse).

12. Do you have any thoughts or suggestions on the sentence that was or will be given to the individuals who committed a crime against you?

13. If the sentencing date is not set as of the date this form was mailed to you, do you wish to be informed?
Yes No

14. Do you plan on attending the sentencing? Yes No

15. If the individual(s) were sent to a State or local correctional facility, do you wish to be advised of the release date? Yes No

16. Please list any additional comments or questions.

This form is subscribed and affirmed by the victim as true under the penalties of perjury.

Signature

Date

Please return this form by _____ to Brown County Probation Department, PO Box 248, New Ulm, MN 56073.

Thank you for your cooperation in completing this form. If you have any questions or concerns please feel free to contact the Probation Agent assigned to this cases at 507-233-6620.