

## Victim Impact Statement

Your Name \_\_\_\_\_

Your Loved One's Name \_\_\_\_\_

Defendant's Name(s) \_\_\_\_\_

1. How has the loss of your loved one affected you and those close to you? Please feel free to discuss your feelings about what has happened and how it has affected your general well-being. Has this crime affected your relationship with any family members, friends, co-workers or other people? Please feel free to mention if, as a result of this crime, you or others close to you have sought any type of victim services, such as counseling by a licensed professional member of the clergy or a community-sponsored support group.

2. Has this crime affected your ability to perform your work, make a living, run a household, go to school or enjoy any other activities you previously performed or enjoyed? If so, please explain how these activities have been affected by your loss.

3. If you feel comfortable doing so, use this space to tell the Judge anything you would like him or her to know about your loved one and the kind of person he or she was. If you wish, write about any special memories you have of your loved one, times you shared together, what his or her hopes and dreams were, and any other information you would like to share.