

Defendant's Name _____

Case No. 32 _____

Victim Impact Statement

The following suggestions are offered only as a guide. Please answer as many questions as you wish. If you need more space, please use additional pages and attach these pages to the form when return it.

If you wish to be present at the plea hearing, if a plea is offered, please check this box.

How has the crime affected you relationship with any family members, friends, co-workers, and other people? How has the crime 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.

What physical injuries or symptoms have you or others close to you suffered as a result of this crime? You may want to write about how long the injuries lasted, or how long they are expected to last, and if you sought medical treatment for these injuries. You may also want to discuss what changes you have made in your life as a result of these injuries.

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 this crime.

Sentencing Recommendation

What are your thoughts regarding the sentence the Court should impose on the defendant? A Range of Penalties table is provided on the back of this sheet which outlines the maximum and minimum penalties the defendant could face.

Restitution Worksheet

You are listed as a victim in this case. As a result, you are entitled to collect restitution, if the defendant is convicted and placed on probation. According to the Indiana Code, the court will base its restitution order on a variety of factors. You also may wish to file a civil lawsuit to recover damages; however, the Prosecutor's Office cannot assist with that.

If you have paid or owe any money for bills because of this crime, please complete this form. If you do not require restitution, you do not need to fill out this worksheet. It is important to be as accurate and complete as possible. **You must attach copies of any bills or other proof of money you have spent.** If documentation is not provided the Court may not order restitution. Use the back of this sheet if necessary.

1. Please list any personal property or belongings that were lost, destroy or damaged as a result of this crime, then record the value of the property. If you did not experience any property damage, please continue to part two of the worksheet.

Description of Lost, Destroyed, or Damaged Property	Value of Loss or Cost of Repair
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL LOSS	\$

2. Please list any medical expenses or hospital costs incurred as a result of the crime. If you did not have any medical expenses or hospital costs, please continue to page two.

Brief Description of Treatment	Expense
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Expenses	\$
Expected Future Expenses	\$

3. If there were any other expenses incurred, please list and describe below.

Description of Expenses	Expense
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Expenses	\$

4. If you have already received benefits or payments, or paid a deductible, please indicate that information below.

Property, Auto or Homeowners Insurance Information

Name of Company: _____
 Phone Number: _____
 Amount Received: _____
 Deductible Paid: _____

Medical Insurance Information

Name of Company: _____
 Phone Number: _____
 Amount Received: _____
 Deductible Paid: _____

Thank you for taking the time to complete this form. **Remember to attach copies of your bills or proof of money you have spent.** If you have any questions or concerns, please do not hesitate to contact Victims Assistance at the Hendricks County Prosecutor's Office by calling (317) 745-9283. Please understand that the Prosecutor's Office cannot ask for pain and suffering damages. You would have to file civil lawsuit. Please remember if the defendant is sent to prison, then restitution may not be ordered.

 Date

 Signature

 Printed Name