

SUSSEX COUNTY PROSECUTOR'S OFFICE
VICTIM IMPACT INFORMATION FORM



Prosecutor's File#:

Defendant(s) Name:

NAME, ADDRESS & PHONE #: _____

If you are not the victim, how are you related to the victim? _____

This *Victim Impact Information Form* and *Victim Impact Statement* are ways for you to participate in the prosecution and sentencing of the offender. Instructions: **Please answer the questions that apply to your situation.** If you need more space, you may use additional sheets of paper. Please print neatly or type.

1. If you were hurt during the incident, please describe your injuries:

2. Did you need medical treatment or mental health services because of the incident? _____
If so where were you treated? _____
Dates of treatment _____

3. Do you have medical insurance that will help you with the cost? YES or NO
If yes, how much will or did you have to pay of your own money? \$ _____
How much has your insurance paid so far? \$ _____

4. Do you need help filing a claim with the Victims of Crime Compensation Office?
You may be **eligible** to receive assistance with the costs of medical services, counseling, funeral expenses or lost wages.

5. Would you want the Judge to **consider** ordering restitution? YES or NO
If yes, how much? \$ _____

If the offender is found guilty, restitution is money that the offender may be ordered by a judge to pay back to you because of the crime. For the judge to **consider** ordering restitution, you must attach copies of bills, receipts or estimates of health costs, stolen or damaged property. If you do not know the expenses yet, please send in the form now and forward bills as soon as you receive them. There is no **guarantee** that the amount of restitution requested is the amount that the judge will order.

6. Do you need interpreting services or other special assistance to help you give a statement or testify? YES or NO If yes, what language and/or dialect? _____

7. Did you have property damaged or stolen in this incident YES or NO
If so, please use the other side to list all items damaged or stolen and the cost of the item:

8. Do you have property insurance that will help with the cost YES or NO
If yes, how much will or did you have to pay of your own money? \$ _____

IMPORTANT: Court rules require the Prosecutor's Office to give a copy of this form to the defendant.

The above statements are true to the best of my knowledge:

Signature and/or signature of legal guardian

Date

