

**MERCER COUNTY PROSECUTOR'S OFFICE
VICTIM IMPACT INFORMATION FORM**

Petition # FJ-11-

Defendant's Name:

Your name:

Telephone # _____

Address: _____ City _____ State _____ Zip _____

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

This *Victim Impact Information Form and Victim Impact Statement* is a way 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? YES or NO

(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) Did you have property damaged or stolen in this incident? YES or NO

Please list all items damaged or stolen and the cost of the item:

<u>Item</u>	<u>Date of Purchase</u>	<u>Purchase Price</u>	<u>Current Value</u>

(5) 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?.....\$ _____

(6) Do you want the judge to order restitution? YES OR NO If yes, how much?\$ _____

Restitution is money that the offender must pay back to you because of the crime for damages, stolen property, and medical expenses.

(7) Do you need help in filing a claim with the Victims of Crime Compensation?

Board for assistance with the costs of medical services, counseling, Funeral expenses or lost wages?

YES or NO

(8) Have you missed work or school because of the incident?

YES or NO

If yes, how many days have you missed? _____

Please give the dates: _____

Did you lose pay because of the time you missed? YES or NO How much? \$ _____

You have the right to ask for a restitution order. In order for the judge to order restitution, you must attach copies of bills, receipts or estimates of medical costs, counseling expenses, stolen or damaged property and lost wages. If you do not know these expenses yet, please send in the form now and the expenses as soon as you get them.

(9) Do you need interpreting services? YES or NO

(10) Would you like help finding a counselor or support group for crime victims? YES or NO

