

Victim Impact Statement

This packet is designed to help you put down on paper your thoughts about how this crime has affected you and/or your family. This is just a guide. If you would prefer to just place your thoughts down on a letter format you are more than welcome to do so.

If you need more space to answer any of the following questions, please feel free to use as much paper as you need, and simply attach additional sheets of paper to this impact statement. Thank you!

Your name: _____

Relationship to victim: _____

Defendant's name: _____

1. 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. Has this crime affected your relationship with any family members, friends, co-workers, and other people? As a result of the crime, if you or others close to you have sought any type of victim services, such as counseling, by either a licensed professional, member of the clergy, or a community support group, you may wish to mention this.

2. 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.

3. 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.

4. Please indicate what sentencing recommendations you would like the Court to consider for the defendant in this case:

___ Actual Jail time

___ Suspended Jail/Detention Time

___ Fine

___ Restitution

___ Counseling

___ Probation

___ Community Services

___ I believe the sentencing should be left to the Judge's discretion

PLEASE COMMENT:

Adults only:

* ___ Actual Penitentiary Time

* ___ Suspended Penitentiary Time

Juveniles Only:

* ___ Department of Corrections

***Felony Cases Only** - Under SDCL 22-6-11 for adults and SDCL 26-8C-7(9) for juveniles, these options may not apply in certain cases. Please consult with the prosecuting attorney or victim advocate if you have questions.

Financial Impact Statement Worksheet

Please use this portion of the form to list any expenses you have had or paid as a result of this crime. Some of the sections may not apply to you. If possible, please attach copies of bills, receipts, estimates of value, replacement costs, or other evidence of the costs listed below. Please attach additional pages as necessary.

1. Crime Related Costs

- a. List of personal belongings or personal property lost, destroyed or damaged as a result of this crime, and the value. This would include damage to your home, business or other real estate. Examples of losses are: loss or damage to personal belongings such as TV's, clothing, jewelry, and automobiles. You also may wish to include expenses for installing deadbolts, repairing locks, and/or any crime scene cleanup.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

- b. List any medical expenses incurred as a result of this crime. (you may wish to include expenses for doctors, medications, hospital stays, physical or occupational therapy, counseling, medical supplies, wheelchair rental, glasses, hearing aids, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

- c. Please describe any future medical or counseling expenses your doctor or therapist anticipates and attach an estimate of their costs

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

- d. If you had any funeral expenses, please list them.

_____	\$ _____
_____	\$ _____
_____	\$ _____

_____ \$ _____

- e. Please list any expenses you incurred. (you may wish to list items such as child care during court appearances, transportation costs for medical treatment or court appearances, installing new locks or security devices, fees incurred in changing banking or credit card accounts, moving expenses, etc.)

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

- f. If you lost wages or income because you were unable to work because of crime, had doctor or therapy visits, or attended court, please indicate the total amount of money you lost in wages. (where possible, please attach a letter from your employer verifying the amount of lost wages or income.)

Amount of lost wages or income \$ _____

TOTAL OF CRIME RELATED COSTS \$ _____

2. Money you were paid by insurance, victim compensation, or other sources (where possible, attach copies of receipts or insurance payments.

- a. If you have already received or expect to receive any payments or benefits from the sources below, please indicate any amounts received, name of insurance company and claim number.

Property, Auto, Homeowners Insurance \$ _____

Name of Company _____

Claim Number _____

Address _____

Phone number _____

Medical Insurance \$ _____

Name of Company _____

Claim Number _____

Address _____

Phone number _____

Other (List sources and amount and please use additional paper if necessary.)

\$ _____

Name of Company _____

Claim Number _____

Address _____

Phone number _____

\$ _____

Name of Company _____

Claim Number _____

Address _____

Phone number _____

b. Have you applied for Crime Victims Compensation benefits? Yes ___ No ___

If you received any compensation as a result of your claim, please list the amount.

\$ _____

*if you have not filed for Crime Victim's Compensation benefits and would like to receive further information on requirements for filing a claim, please call 1-800-696-9476 or 605-773-6317

TOTAL MONEY RECEIVED FROM INSURANCE, CRIME VICTIMS COMPENSATION AND OTHER SOURCES \$ _____

Please write any additional information you would like the Judge to know about this crime and how it has affected you and your family.

I declare under penalty of law that the above information is true and correct to the best of my knowledge.

Date: _____ Signature: _____