COUNTY	STATE OF MISSISSIPPI
IS THIS A NEW ASSESSMENT OF DAMAGES? Y/N	VERSUS
DATE	
VICTIM'S IMPACT STAT	EMENT
I. VICTIM	
NAME:DAT	E OF BIRTH:
ADDRESS:	
MAILING ADDRESS IF DIFFERENT:	
PHONE NUMBERS: HOME WORK	CELL
EMAIL ADDRESS:	
PLACE OF EMPLOYMENT:	
NAME, ADDRESS, AND PHONE NUMBER OF NEARE	EST RELATIVE OR FRIEND NOT
LIVING WITH YOU:	
II. PROPERTY DAMAGE OR LOSS:	
LOSS SUSTAINED: (DOLLAR AMOUNT) \$	
DESCRIPTION OF LOSS OR DAMAGE:	

ESTIMATE TO REPAIR OR REPLACE: (DOLLAR AMOUNT) \$			
INSURANCE COVERAGE: YES NOAMOUNT OF DEDUCTIBLE: \$			
NAME OF INSURANCE COMPANY:			
III. OWNERSHIP OF PROPERTY			
WHO HOLDS THE TITLE TO THE PROPERTY, AND IF YOU LEASE, WHO IS			
RESPONSIBLE FOR REPAIRING DAMAGES:			
IV. PERSONAL INJURY			
DESCRIPTION OF INJURY:			
LIST ANY MEDICAL BILLS AND SHOW TO WHOM OWED:			
NAME OF PHYSICIAN:			
NAME OF HOSPITAL, IF REQUIRED:			
INSURANCE COVERAGE: YES NO AMOUNT OF DEDUCTIBLE:			
TOTAL AMOUNT OF OUT OF POCKET EXPENSES: \$			
(PLEASE ATTACH COPIES OF ALL MEDICAL BILLS INCLUDING AMBULANCE)			
DO YOU ANTICIPATE ANY FUTURE MEDICAL BILLS? YES NO			
AS THE VICTIM OF A CRIME, DO YOU WISH TO BE PRESENT AT ALL			

HEARINGS, MOTIONS OR GUI	LTY PLEAS? `	YES	NO

V. IMPACT OF CRIME:

WE ARE SORRY UNFORTUNATELY YOU OR A LOVED ONE HAS BEEN THE VICTIM OF A CRIME. WE WILL DO OUR BEST TO HELP YOU AS MUCH AS POSSIBLE THROUGH THIS DIFFICULT PROCESS. AS A PART OF THE PROCESS, WE WOULD LIKE TO DOCUMENT THE EMOTIONAL, PHYSICAL AND FINANCIAL IMPACT THE CRIME HAD ON YOU AND/OR YOUR FAMILY. WE WILL CONSIDER THIS INFORMATION IN OUR DETERMINATION WITH HOW TO PROCEED WITH YOUR CASE. THE COURT MAY ALSO CONSIDER YOUR STATEMENT DURING THE SENTENCING PHASE OF THE CRIMINAL DEFENDANT.

IN THE SPACE PROVIDED BELOW OR ON A SEPARATE SHEET OF PAPER, PLEASE DESCRIBE THE EMOTIONAL, PHYSICAL, AND FINANCIAL IMPACT THE CRIME HAD ON YOU OR YOUR FAMILY AND YOUR FEELINGS OR RECOMMENDATION FOR THE PROPER PUNISHMENT.