

_____ COUNTY

STATE OF MISSISSIPPI

IS THIS A NEW ASSESSMENT OF DAMAGES? Y / N

VERSUS

DATE _____

VICTIM'S IMPACT STATEMENT

I. VICTIM

NAME _____ DATE OF BIRTH _____

C/O _____

ADDRESS _____

MAILING ADDRESS (IF DIFFERENT) _____

PHONE NUMBERS HOME _____ WORK _____ CELL _____

EMAIL ADDRESS _____

PLACE OF EMPLOYMENT _____

NEXT OF CONTACT

NAME & RELATION _____

ADDRESS _____

PHONE NUMBER _____

NAME & RELATION _____

ADDRESS _____

PHONE NUMBER _____

II. PROPERTY DAMAGE OR LOSS

LOSS SUSTAINED (DOLLAR AMOUNT) \$ _____

DESCRIPTION OF LOSS OR DAMAGE _____

ESTIMATE TO REPAIR OR REPLACE (DOLLAR AMOUNT) \$ _____

INSURANCE COVERAGE YES ___ NO ___ AMOUNT 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 _____

_____ COUNTY

STATE OF MISSISSIPPI

VERSUS

DATE _____

VICTIM

NAME _____

VICTIM'S IMPACT STATEMENT

**AS THE VICTIM OF A CRIME, DO YOU WISH TO BE PRESENT AT ALL
HEARINGS, MOTIONS, OR GUILTY PLEAS? YES _____ NO _____**

**AS THE VICTIM OF A CRIME, DO YOU HAVE A RECOMMENDATION FOR
SENTENCING? YES _____ NO _____**

IF YES, PLEASE GIVE YOUR RECOMMENDATION IN THE AREA BELOW:

***I UNDERSTAND MY RECOMMENDATION OF THE "MAXIMUM
SENTENCE POSSIBLE" IS VERY LIKELY TO RESULT IN A TRIAL. I HAVE
BEEN INFORMED THAT THE OUTCOME OF A TRIAL IS VERY
UNCERTAIN, AND MAY EVEN HAVE A NEGATIVE OUTCOME, UP TO AND
INCLUDING A VERDICT OF "NOT GUILTY."**

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.
