

# Victim Impact Statement

State of Oregon vs.	Case #(s):
_____	_____
_____	_____
<b>Victim's Name</b>	<b>Date</b>
_____	_____
<b>DDA</b>	<b>Advocate</b>
_____	_____

Your thoughts about the crime in which you were a victim are very important to us. You are not required to complete this form, but ***your response would help us better meet your needs***. If the defendant or alleged youth offender is convicted, you have the right, as a crime victim, to speak at sentencing. The defense attorney will get a copy of this information. If you want to make a statement, you may use this form as a guide. Feel free to use additional pages. You may ask to have your statement read in court or have it given to the judge. We realize that answering these questions may be difficult or painful.

If you need help getting your statement ready please contact:

**Crook County District Attorney's Victim Advocacy Office 300 NE 3<sup>rd</sup> Street Rm. 22, Prineville, Oregon 97754 or by phone (541) 447-4158.**

I would like to meet with the assigned prosecutor: Yes  No  Undecided

I would like to be notified of court appearances: Yes  No  Undecided

I would like to attend all court appearances: Yes  No  Undecided

I would to attend only the sentencing only: Yes  No  Undecided

I would like to make a statement at sentencing: Yes  No  Undecided

1.) Please briefly describe the impact this crime has had on you: \_\_\_\_\_

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2.) If you were physically injured as a result of this crime, please describe your injuries: \_\_\_\_\_

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3.) If this crime has affected you emotionally, please explain: \_\_\_\_\_

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4.) Has this crime in any way altered or changed the lifestyle of you or your family? If so please explain: \_\_\_\_\_

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5.) Do you have any thoughts of suggestions about the sentence that the court should impose for this crime: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian (if under 18 years old): \_\_\_\_\_

Date: \_\_\_\_\_

If the defendant or alleged youth offender is found guilty, you have a right to be present at the sentencing or disposition hearing and share your thoughts with the court. If you are not present at sentencing or juvenile disposition, this form may be used to help the court know your thoughts.

**Confidential Information:** This information will be used for our files only.

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Alternative Contact:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Please return this form to:

**Crook County District Attorney  
Victim Advocate Office  
300 NE 3rd Street Room 22  
Prineville, Oregon 97754  
541-447-4158 (Phone) / 541-447-6978 (Fax)**