



Fifteenth Judicial District

VICTIM IMPACT STATEMENT

DISTRICT ATTORNEY'S OFFICE

Lamar, Lawrence & Marion Counties
500 Courthouse Square, Suite 3
Columbia, MS 39429
(601) 731-1476
(800) 711-6960 (toll free)
(601) 731-1489 (fax)

VICTIM ASSISTANCE PROGRAM

Jefferson Davis & Pearl River Counties
P.O. Box 584
Poplarville, MS 39470
(601) 403-2356
(800) 711-6960 (toll free)
(601) 403-2357 (fax)

Read instructions before completing.

The Office of the District Attorney has received your case file from law enforcement. However, additional information is needed in order to further process your case through the criminal justice system. Please take a few minutes of your time to complete this victim impact statement form and return it (by the above specified deadline) in the enclosed, self-addressed, stamped envelope, provided for your convenience. Failure to return this form would result in the Court not knowing how this crime has affected you emotionally, physically, and financially. This information is vital to ensure that the Court is aware of how this crime has affected you, your family and your life. Regarding the financial aspects of this crime, the Court WILL NOT BE ABLE to order money to you in the form of restitution IF YOU DO NOT COMPLETE AND RETURN THIS FORM. If you do not report in this form all of your damages and losses, the Court WILL NOT ORDER the appropriate amount of restitution to you. If you have questions, or need assistance in completing this form, please contact the Office of Victim Assistance at the above phone numbers and addresses according to the county in which the crime occurred. If you move or change your phone number, please contact us IMMEDIATELY. This is the only way to ensure that the criminal case will be prosecuted. We look forward to serving you to the best of our ability and as provided by law.

SECTION A - VICTIM INFORMATION

1. Victim's Name			2. Marital Status		
3. Street Address		4. City		5. State	6. Zip Code
7. Telephone Number (DAY)	8. Telephone Number (NIGHT)		9. Cell Phone		
10. E-Mail Address (internet)			11. Date of Birth		
13. The following information is used for statistical purposes only and is needed to comply with federal regulations.					
A. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male B. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Other <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Islander					

SECTION B - REPRESENTATIVE INFORMATION

If victim is deceased / a minor / elderly / or business, please list information for a contact representative:

1. Representative's Name			2. Relationship to Victim		
3. Street Address		4. City		5. State	6. Zip Code
7. Telephone Number (DAY)	8. Telephone Number (NIGHT)		9. Pager/Beeper Number		
10. E-Mail Address (internet)			11. Date of Birth		

SECTION C - CRIME INFORMATION

1. Type of Crime (please check one)					
<input type="checkbox"/> Armed Robbery	<input type="checkbox"/> Child Physical Abuse	<input type="checkbox"/> Domestic Abuse	<input type="checkbox"/> Kidnapping	<input type="checkbox"/> Shooting into a Dwelling	
<input type="checkbox"/> Assault	<input type="checkbox"/> Child Sexual Abuse	<input type="checkbox"/> Felony DUI	<input type="checkbox"/> Robbery	<input type="checkbox"/> Other (please specify) _____	
<input type="checkbox"/> Car Jacking	<input type="checkbox"/> Drive-by Shooting	<input type="checkbox"/> Homicide	<input type="checkbox"/> Sexual Assault	_____	
2. Date of Crime		3. Law Enforcement Agency Crime Reported To			
4. Name of Offender(s)					
5. Did Victim Know Offender(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what way?					
6. County of Crime					

SECTION D - EMOTIONAL IMPACT INFORMATION

Many victims are emotionally affected by crime. Some of the effects may disrupt their lives on many levels including personal, family, work and social. These effects may be temporary, lasting hours, days or weeks. Sometimes, the effects of crime are more permanent, lasting months or years. In this section, please do your best to describe what (if any) effects this crime has had on your life or the lives of those around you. This may be difficult to do, but it is important that the Court be aware of the emotional impact this crime has had in your life. It need not be lengthy, but if you need more space, please attach additional pages. You may print or type your emotional impact on the lines below. You may contact our program office for help.

CONTINUE TO SECTION E - PAGE 2

SECTION E - PHYSICAL IMPACT INFORMATION

If you were injured physically in any way, please complete the below questions. If not, please turn to the financial impact information section. If assistance is needed, please contact our office for help.

1. Did you receive treatment at the crime scene only, an emergency room, or were you admitted to a hospital? (Describe)
2. Name the ER or hospital(s) you were treated in:
3. Were you taken to the ER/Hospital in an ambulance, by helicopter, or by a personal vehicle?
4. Do you consider your injuries temporary or permanent? If permanent, why? _____
5. Will your injuries require future treatment or surgery? Why? _____
6. Please list EVERY hospital, doctor, clinic, lab, radiology, anesthesia, ambulance and/or specialist you have received treatment and a bill from as a result of this crime. LIST ACCOUNT NUMBERS AND PHONE NUMBERS, or accurate restitution information cannot be determined.

Name of Hospital etc.	Patient Account #	Phone #

(Please attach additional pages to complete your list.)

CONTINUE TO SECTION F - PAGE 3

SECTION G - SENTENCING INFORMATION

Although it is up to the Court to decide the sentence of this/these offender(s), the Court would like to know what your opinion is on this matter. If you have no opinion, please mark that you would be satisfied with the Court's decision. If you have an opinion, please choose from the options below. If the offender(s) has a prior conviction, the Court will send the offender to jail. If this is the offender's first felony conviction, the Court has several options depending on the nature of the crime.

I feel the defendant should receive the following upon sentencing in this matter:

- Jail Sentence
- Suspended Jail Sentence (probation)
- Satisfied with the Court's decision
- Restitution

I feel the Court should also consider the below information if the Court chooses to suspend the offender's jail sentence:

CONTINUE TO SECTION H - PAGE 4

SECTION H - OTHER

If we have neglected to request any information of which you feel the court should be aware, or needs to consider, please report that information now.

SECTION I - CERTIFICATION AND AUTHORIZATION

CERTIFICATION OF APPLICATION: I hereby certify, subject to the penalty of fine and imprisonment that the information contained in this Victim Impact Statement is true and correct to the best of my knowledge.

RELEASE OF INFORMATION AUTHORIZATION: I hereby authorize any hospital, physician, mental health provider, funeral director, municipal authority, employer or Union, insurance company, social service bureau, Social Security Office, Medicaid, Medicare or any other person, firm, agency or organization to furnish to the District Attorney's Office or its representatives any information requested including records or doctor bills needed by said agency. A photocopy of this authorization shall be considered as effective and valid as the original. This authorization is valid for a (24) month time period.

I certify that I have read and/or understood, and agree to the above statements.

Signature of Person Completing Form

Date Completed

SECTION J - RETURN VICTIM IMPACT STATEMENT

**RETURN V.I.S. TO: FIFTEENTH JUDICIAL DISTRICT ATTORNEY'S OFFICE
VICTIM ASSISTANCE PROGRAM**

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