

# Manitoba Victim Impact Statement Personal Information

Because we may need to contact you again about your Victim Impact Statement, please provide us with the following personal information. Manitoba Justice, Prosecution Services is collecting this information from you under the authority of the *Criminal Code* (Canada). It will be used to carry out and administer the provisions of the *Criminal Code* (Canada) respecting Victim Impact Statements and *The Victims' Bill of Rights* of Manitoba.

Your personal information is protected by *The Freedom of Information and Protection of Privacy Act* (FIPPA) of Manitoba. We cannot use your information for any other purpose without your consent, unless the law permits it or requires it. We cannot share your information outside Manitoba Justice without your consent, unless the law permits or requires this. If you have any questions about the collection of this information, please contact your local Prosecutions office at one of the numbers listed below.

**Note:** This information will not be submitted to the court with your Victim Impact Statement. It will not be given to the offender and/or the offender's lawyer.

**NAME:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY MONTH YEAR

By providing us with your date of birth, we can ensure that your statement is attached to the right court file.

**ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBER(S):**

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Keep us informed about your address and telephone number. This information is necessary so we can contact you about your statement and your case. Please report any changes by calling your local Prosecutions office or Victim Services at **1-866-4VICTIM (1-866-484-2846)**. Forward your completed Victim Impact Statement to the Prosecutions Office in your area.

## PROSECUTIONS OFFICES:

### WINNIPEG

5th Floor – 405 Broadway  
Winnipeg, MB R3C 3L6  
Ph: 204-945-2852  
Fax: 204-945-1260

### THOMPSON

Box 13 - 59 Elizabeth Drive  
Thompson, MB R8N 1X4  
Ph: 204-677-6766  
Fax: 204-677-6516

### DAUPHIN

101-1st Avenue North West  
Dauphin, MB R7N 1G8  
Ph: 204-622-2082  
Fax: 204-638-4004

### BRANDON

204 – 1104, Princess Avenue  
Brandon, MB R7A 0P9  
Ph: 204-726-6013  
Fax: 204-726-6501

### THE PAS

300 – 3rd Street  
The Pas, MB R9A 1M5  
Ph: 204-627-8444  
Fax: 204-623-5256

### PORTAGE LA PRAIRIE

200 – 25 Tupper Street N.  
Portage La Prairie, MB R1N 3K1  
Ph: 204-239-3343  
Fax: 204-239-3136

ATTENTION  
CROWN ATTORNEY

DO NOT  
FILE WITH  
VIS

# Manitoba Victim Impact Statement Form

**When completed please forward to the Crown attorney's office.**

Name of victim: \_\_\_\_\_

Police Incident Number: \_\_\_\_\_

Date of offence: \_\_\_\_\_

Police agency the incident was reported to: \_\_\_\_\_

Charges (if known): \_\_\_\_\_

Name of offender (if known): \_\_\_\_\_

Town, city or community where the incident occurred: \_\_\_\_\_

Relationship to the offender (if any): \_\_\_\_\_

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You can ask to read your statement in court. If you would like to do so, please check the following box:

**I wish to read my statement aloud in court.**

**Please Note:** The court will be informed if you wish to read your Victim Impact Statement in court; however, if you are not present at the hearing, sentencing will proceed.

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**If you are not the direct victim, please indicate why you have completed this statement and your relationship to the victim.**

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

Relationship to the victim: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING SECTIONS**

(Please print or write clearly. If you need more space, please attach additional pages.)

**1. Emotional Impact:**

Please describe how the crime has affected you emotionally.

Consider the effect of the crime on your life. For example:

- emotions, feelings and reactions
- spiritual feelings
- lifestyle and activities
- relations with your partner, spouse, friends, family or colleagues
- ability to work, study or attend school
- counselling or therapy provided

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**2. Physical Impact:**

Please describe any physical injuries or disabilities that you suffered because of the crime. For example:

- pain, hospitalization, surgery you have experienced because of the crime
- treatment, physiotherapy and/or medication you have received
- ongoing physical pain, discomfort, illness, scarring, disfigurement or physical restriction
- need for further treatment, or expectation that you will receive further treatment
- permanent or long-term disability

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### 3. Financial Impact:

Please describe any financial or property losses that resulted from the crime.

For example:

- the value of any property that was lost or destroyed and the cost of repairs or replacement
- insurance coverage and the amount of the deductible you paid
- financial loss due to missed time from work
- the cost of medical expenses, therapy or counselling
- any costs not covered by insurance

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This is not an application for financial compensation or restitution. If you wish to inquire about compensation, contact the Compensation for Victims of Crime Program at 204-945-0899 (Winnipeg) or toll free: 1-800-262-9344.

If you want the court to consider making a restitution order, call Victim Services at 1-866-484-2846 (Toll-free) or visit [www.gov.mb.ca/justice/victims](http://www.gov.mb.ca/justice/victims) for more information.

### Fears for Security

Describe any fears that you have for your security or that of your family and friends.

For example, think of concerns with respect to contact with the offender.

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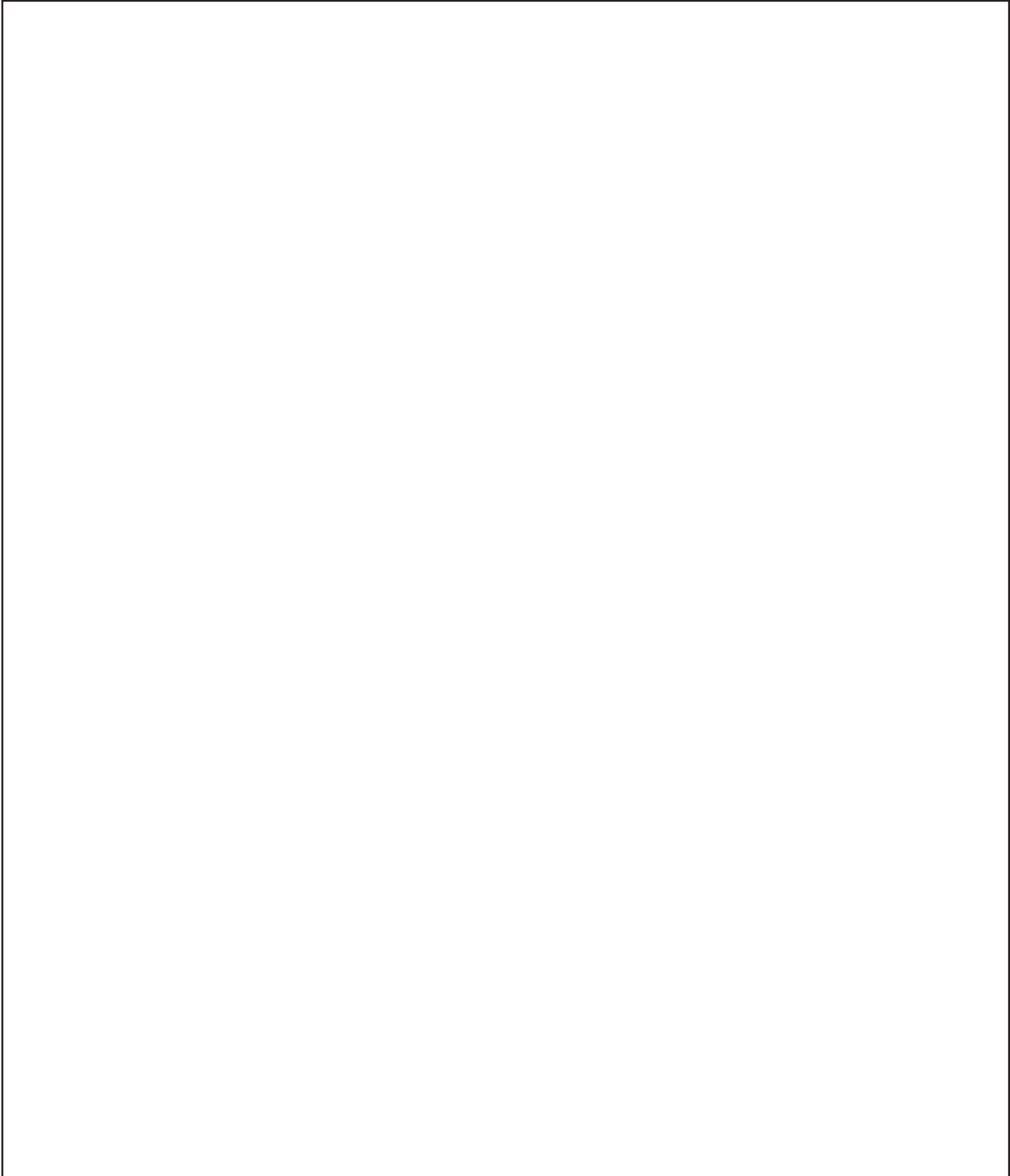
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**Drawing, Poem or Letter**

You may use this space to draw a picture or write a poem or letter if it will help you express the impact that the offence has had on you.



**IMPORTANT:**

When you submit your Victim Impact Statement to the Crown attorney, your statement will be disclosed. This means a copy of your statement will be forwarded to the offender and/or the offender's lawyer.

The statements that I have made above are true to the best of my knowledge. I understand that this information will be submitted to the offender or the offender's lawyer and may be submitted to the court if there is a sentencing hearing. I understand that I may be called upon to testify in court if any information in this Victim Impact Statement is questioned. I also understand that if this statement is filed in open court, it becomes a public document and discussions around the content of the statement may be presented and recorded on the court record. I am submitting this statement voluntarily.

**Signature of Victim:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete the following if translation services were provided in the preparation of this statement:**

I did faithfully and to the best of my ability translate and interpret in the \_\_\_\_\_ language, the contents of this Victim Impact Statement to the victim named herein, who indicated an understanding of the said contents.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Note:** Community and Youth Correctional Services may use your Victim Impact Statement when writing Pre-Sentence Reports, or for other case management purposes. Pre-Sentence Reports are used by the judge when deciding an appropriate sentence for the offender.

**Notice about personal information and personal health information.**

The personal information and personal health information on this form is collected by Manitoba Justice, Prosecution Services under the authority of the *Criminal Code* (Canada) and *The Victims' Bill of Rights* of Manitoba. It will be used and disclosed as stated on this form.

Your personal information and personal health information are protected by *The Freedom of Information and Protection of Privacy Act* (FIPPA) of Manitoba and *The Personal Health Information Act* (PHIA) of Manitoba. We cannot use your information for any other purpose without your consent, unless the law permits it or requires it. We cannot share your information outside Manitoba Justice without your consent, unless the law permits or requires this.

**If you have any questions or concerns about your Victim Impact Statement, contact a Victim Services Worker or a Crown attorney at the number(s) provided on the Personal Information Sheet.**