

COUNTY OF OLMSTED

THIRD JUDICIAL DISTRICT

ICR #

Court File No.

STATE OF MINNESOTA,

Plaintiff,

vs.

VICTIM IMPACT STATEMENT

Defendant.

As the victim of a criminal act your right to be heard by the judge involved in sentencing the defendant is guaranteed by the law of Minnesota. By furnishing this information it will allow the judge and the prosecutor to know your feelings and those of your family and friends about being a victim of crime and how that crime affected you.

Completion of this form is **voluntary**. The following people will have access to this information: The judge, City Attorney, Victim Services, and the defendant, defendant's attorney. If you need additional space, please feel free to attach extra pages.

VICTIM'S PERSONAL REACTION:

1. What happened to you?

2. How has this affected you and those close to you?

3. Are you having any current problems as a result of the crime?

4. Did you know the defendant before the crime?

5. Do you feel threatened by the defendant? If so, please explain.

VICTIM'S PHYSICAL OR EMOTIONAL INJURY:

1. Describe any physical injuries suffered and any treatment received.

2. Are your injuries permanent? If so, please explain.

3. Will you require future medical treatment? If so, please explain.

4. Have you received counseling, or do you plan to seek counseling?

CONSEQUENCES/PUNISHMENT:

1. Do you have any thoughts about consequences/punishment the defendant should receive?

COMMENTS/CONCERNS:

Please express your comments or concerns here.

Print Name

Date

Signature