

VICTIM IMPACT STATEMENT

As a victim of a crime, you are entitled to give a statement to the court about how this crime has affected your life.

THIS FORM MUST BE RETURNED BY: _____

DEFENDANT: _____

COURT CASE NO. _____

CHARGE(S): _____

DISTRICT ATTORNEY: _____

VICTIM: _____

Briefly state in your own words information pertaining to the economic, physical and psychological effect this crime had upon you. (Use reverse side if needed.)

To the best of my knowledge, the above information is true and accurate.

VICTIM SIGNATURE: _____ **DATE:** _____

Please return to: Victim Witness Coordinator, 222 North Iowa Street, Suite 202
Dodgeville, WI 53533