

VICTIM IMPACT STATEMENT

This statement is submitted to the probation officer responsible for preparing the presentence investigation report for inclusion in the report, or to the court should such a report be waived by the defendant. The victim impact statement shall be considered by the court prior to any decision on the sentencing or release, including shock probation, of the defendant. [KRS 421.520]

NOTE: The Crime Victims Compensation Board may be contacted at (800) 469-2120, concerning an application for victim compensation.

Defendant:		Indictment#:
Convicted of the Following Offenses:		
County of Indictment:	Date of Conviction:	Sentencing Date:
Date Submitted:		
Victims(s) and Date(s) of Birth:		
This form was completed by:		
If not the victim, relationship to the victim:		
Prosecutor:		

If you have any questions, call _____

In order to give the judge sufficient time to review it prior to sentencing the defendant, this completed victim impact statement should be mailed by _____ to:

1. If the crime resulted in death or physical injury, please describe the cause of death or extent of the injuries and medical treatment received.

2. If the crime resulted in a death, were you or any members of your family financially responsible for funeral expenses and/or medical expenses of the victim? Please Explain.

3. Did this crime result in any damage, loss or destruction of property? Please explain.

4. What emotional or psychological impact or remaining affects has the crime had upon you, the victim and/or other family members?

5. Since the crime occurred have you or any family member received or needed professional counseling or treatment?

6. Has being a crime victim effected your employment or lifestyle? If yes, explain:

7. What is your recommendation for an appropriate sentence of the defendant?

8. Additional comments:

Signed: _____ Date: _____