

Office of the State Attorney 10th Judicial Circuit



Victim Impact Statement

Drawer SA, P.O. Box 9000 ~ Bartow, Florida 33831-9000

Victim: _____ Case # _____

ASA _____ State v. _____

This form will allow the sentencing judge and the prosecutor to know your feelings about being the victim of a crime and how the crime has affected you. *If you need extra space, please attach additional pages.*

Victim's Personal Reaction:

Write your feelings on how being a victim of this crime has affected you personally and those around you.

Victim's Personal Injury:

Explain injuries and the treatment you received (Please send to us copies of all related bills).

Victim's Property Loss:

List any property that was damaged, destroyed or lost and the value of that property. (Please keep copies of any bills).

Financial or Other Loss:

List the days and hours you missed work because of this crime and the amount of wages you have lost, if any.

Any Additional Comments or Concerns you would like to express:

THIS STATEMENT IS SUBSCRIBED AND AFFIRMED AS TRUE BY THE AFFIANT, UNDER PENALTY OF PERJURY.

_____ Date Signed _____
Signature of Victim or Aggrieved Party

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____, AT _____ COUNTY, _____.

PERSONALLY KNOWN___ OR PRODUCED IDENTIFICATION_____ TYPE OF IDENTIFICATION_____

Notary Public

Notary Seal and Expiration Date: