

If you need more space to answer any of the following questions, please feel free to use as much paper as you need, and simply attach these sheets of paper to this impact statement. Thank you.

Your Name: _____

Address: _____

Telephone #: _____

Offender's Name(s): _____

Please use additional paper to answer the following questions:

1. How has the crime affected you and those close to you? Please feel free to discuss your feelings about what has happened and how it has affected our general well-being. Has this crime affected your relationship with any family member, friend, co-workers, and other people? As a result of this crime, if you or others close to you have sought any type of victim services, such as counseling by either a licensed professional, member of the clergy, or a community-sponsored support group, you may wish to mention this.
2. What physical injuries or symptoms have you or others close to you suffered as a result of this crime? You may want to write about how long the injuries lasted, or how long they are expected to last, and if you sought medical treatment for these injuries. You may also want to discuss what changes you have made in your life as a result of these injuries.
3. Has this crime affected your ability to perform your work, make a living, run a household, go to school or enjoy any other activities you previously performed or enjoyed? If so, please explain how these activities have been affected by this crime.

Impact Statement for Family Members or Friends of a Homicide Victim

Your Name: _____

Your Loved One's Name: _____

Defendant's Name(s) _____

1. How has the loss of your loved one affected you and those close to you? Please feel free to discuss your feelings about what has happened and how it has affected your general well-being. Has this crime affected your relationship with any family members, friends, co-workers, and other people? As a result of this crime, if you or others close to you have sought any type of victim services, such as counseling by either a licensed professional, member of the clergy, or a community-sponsored support group, you may wish to mention this.
2. Has this crime affected your ability to perform your work, make a living, run a household, go to school, or enjoy any other activities you previously performed or enjoyed? If so, please explain how these activities have been affected by your loss.
3. Only if you feel comfortable in doing so should you use this space to tell the judge anything you would like him or her to know about your loved one and the kind of person he or she was. If you wish, you can write about any special memories you have of your loved one, times you shared together, what his or her hopes and dreams were, and any other information you would like to share with the judge.

Victim Impact Statement for Children and Their Parents

- ?? Has this crime affected your life, your child's life or the lives of those close to you?
- ?? Has anything changed between your child and his or her friend, both at school or in your neighborhood?
- ?? Has anything changed with your child's behavior or schoolwork?
- ?? If your child was physically injured, you may wish to write about the *physical impact* of this crime. You may want to:
 - ?? Write about the physical injuries your child received.
 - ?? Tell how long these injuries lasted or how long the injuries are expected to last.
 - ?? Write about the medical treatment or emotional counseling your child or your family has received or expects to receive in the future.

Victim Impact Statement for Parents of Child Victims

Name of parent of guardian: _____

Name of child: _____

Name of Defendant: _____

1. Has your child been emotionally affected by this crime? If yes, you may wish to discuss how the crime may have affected your child's relationship with you, family members, and those close to you. If your child received any form of victim services such as counseling by either a licensed professional, member of the clergy of a community-support group, you may wish to mention this. Please use additional paper as necessary.
2. Was your child physically injured or hurt as a result of this crime? If yes, you may wish to write about the type of injuries your child has, what medical treatment your child received, and how long these injuries lasted or are expected to last. Please use additional paper as necessary. Has this crime affected the way your child relates to his or her friends, either at school or in your neighborhood? Has this crime affected your child's school work in any way? Please use additional paper if necessary.
3. How has this crime affected you, your family and those close to your child? You may wish to write about changes that may have occurred in your family, in your ability to perform our work, make a living, run a household or enjoy any other activities you enjoyed before the crime. You may also wish to include any victim services or counseling that you and those close to your child have reached. Please use additional paper if necessary.

Victim Impact Statement for the School-Aged Child

What is your name?: _____

How old are you?: _____

What grade are you in?: _____

1. Please write or draw anything you would like the judge to know about how you feel because of what has happened to you. You may want to write about anything that has changed in your family. You can even tell a story or write a poem if you would like. You can add more paper if you run out of room.
2. Please write or draw anything you want the judge to know may be different at school, in your neighborhood or with your friends because of what has happened to you. You can add more paper if you run out of room.

just for little kids

To parents: if your child is too young to read or is just learning to read, you will want to help your child fill out the victim impact statement. When helping your child, you will want to read the directions aloud to your child, talk about what feelings are (happy, sad, mad, scared, or any other feeling you think are appropriate), and what your child may want to think about when they are drawing or writing on the statement. Please do not tell your child what to draw or write. This is your child's chance to tell the judge how he or she is feeling about what has happened. If your child would rather draw a picture of a bird, a boat or write a story about bumblebees, this is okay as well. Should your child become uncomfortable in any way while filling out the victim impact statement, reassure your child that he or she does not have to fill out the form unless he or she wants to.

What is your name?

(it's okay if your parents help you write your name)

How old are you?

How do you feel about what happened to you?

(You can circle as many as you like.)

Happy

Sad

Mad

Scared

Other

If you want to, you can use this page to draw a picture, write a poem, tell a story, or anything else you would like to do to tell the judge about how you are feeling about what has happened to you. If you don't want to write or draw anything here, that's okay too!

Financial Impact Statement Worksheet

Please use this portion of the form to list any expenses you have had or paid as a result of this crime. Some of the sections may not apply to you. If possible, please attach copies of bills, receipts, estimates of value, replacement cost, or other evidence of the cost listed below. Please attach additional pages as necessary.

A. CRIME RELATED COSTS

1. List any personal belongings or personal property lost, destroyed or damaged as a result of this crime and the value. This would include damage to your home, business or other real estate. (Example of losses are: loss or damage to personal belongings such as televisions, clothing, jewelry, and automobiles. You also may wish to include expenses for installing dead bolts, repairing locks, and/or any crime scene cleanup.)

\$

\$

\$

2. List any medical expenses incurred as a result of this crime. (You may wish to include expenses for doctors, medications, hospital stays, physical or occupational therapy, counseling, medical supplies, wheelchair rental, glasses hearing aids, etc.)

\$

\$

\$

3. Please describe any future medical or counseling expenses you doctor or therapist anticipates and attach an estimate of their costs.

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4. If you had any funeral expenses, please list them.

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5. Please list any other expenses you incurred. (You may wish to list items such as child care during court appearances, transportation cost for medical treatment or court appearances, installing new locks or security devices, fee incurred in changing banking or credit card accounts, moving expenses, etc.)

\$

\$

\$

6. If you lost wages or income because you were unable to work because of the crime, had doctor or therapy visits, or attended court, please indicate the total amount of money you lost in wages. (Where possible, please attach a letter from your employer verifying the amount of lost wages or income.)

Amount of lost wages or income \$

TOTAL OF CRIME RELATED COSTS

Please write any additional information you would like the corrections staff to know about the money this crime has cost you.

I declare under penalty of law that the above information is true and correct to the best of my knowledge.

Signature

Signature Date

Please return your VICTIM IMPACT STATEMENT to:

Mississippi Department of Corrections
Division of Victim Services
723 North President Street
Jackson, MS 39202
866.522.4087
601.359.5628
fax 601.359.5738
