

VICTIM IMPACT STATEMENT GUIDE

Return a “copy” of the VICTIM IMPACT STATEMENT:
Mississippi Department of Corrections, Division of Victim Services
301 N. Lamar Street, Jackson, MS 39201

(Keep your original, provide a copy to MDOC, and a copy to the Victim Assistant Coordinator with the prosecuting court)

**** Use the below as a guide/instructions to form your statement.
Write or type the information outlining your submission ****

Your Name

Mailing Address

Telephone Number

Offender's Name(s)

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 wellbeing. 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

Offender'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

1. Has this crime affected your life, your child's life or the lives of those close to you?
2. Has anything changed between your child and his or her friend, both at school or in your neighborhood?
3. Has anything changed with your child's behavior or schoolwork?
4. If your child was physically injured, you may write about the physical impact of this crime:
5. Write about the physical injuries your child received.
6. Tell how long these injuries lasted or how long the injuries are expected to last.
7. 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

Parent/guardian Name

Child's Name

Offender's Name(s)

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.

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?
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.

Victim Impact Statement for the School-Aged Child

Childs Name

Age

Grade

Offender's Name(s)

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.
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.

PARENTS: If your child is young, you will help your child with 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/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 will. 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 do this unless he/she wants to.

Childs Name

Age

1. How do you feel about what happened to you? Circle as many as needed:
Happy Sad Mad Scared Other (write-in)

2. They can draw a picture, write a poem, tell a story, or anything else to share with the judge.

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. If you are completing an application through the Attorney General's Office for the Crime Victim Compensation Program, you may be able to include that portion of the financials (so not to repeat process).

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

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

*** Be sure to include your signature and date of signature at the end of the submission ***