

# Victim Impact Statement

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As a victim of crime, we want to give you the opportunity to share the impact the crime has had on you and/or your family. While it may be difficult to express this in writing, it is important for you to have input into the Prosecution process. The information you provide may be given to the Judge, Prosecuting Attorney and Probation Officer. This form is not for reporting specific facts about the case. If such facts are presented on this form it may be necessary for disclosure to the defendant under discovery laws.

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

Your home phone number: \_\_\_\_\_

Your place of employment: \_\_\_\_\_

**Defendant's name:** \_\_\_\_\_

Date(s) of crime: \_\_\_\_\_

Police Department responding: \_\_\_\_\_

Type of crime(s) committed: \_\_\_\_\_

**NOTE: It is important that the Victim/Witness Office be able to locate you. We want to keep you informed about the status of the criminal case. Please contact our office to inform us of any changes to your contact information!**

Please complete the following information about a person we could contact if we are unable to make contact with you:

Name of Friend/Family member: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please complete the other side of this form. If needed, please use additional paper to complete your statement.**

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## Comments on Sentencing

What do you feel is an appropriate punishment for the crime mentioned? Include additional considerations (example: psychological counseling, drug/alcohol treatment, community service, etc.)

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## Impact on Your Life

Please describe the impact (emotional, mental, and physical) this crime has had on you.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return within 2 weeks from received date:** Victim/Witness Assistance Office  
Scotts Bluff County Attorney  
1725 10<sup>th</sup> Street  
Gering, NE 69341  
(308) 436-6674 ext.5847