

Somerset County Prosecutor's Office Victim Impact Information Form

Prosecutor's File # (found on cover letter): _____ Defendant's Name: _____

Your Name: _____ Indictment #: _____

If you are not the victim, how are you related to the victim? _____

This *Victim Impact Information Form* and *Victim Impact Statement* are ways for you to participate in the prosecution and sentencing of the offender. **Instructions:** Please answer the questions that apply to your situation. If you need more space, you may use additional sheets of paper. Please print neatly or type.

(1) If you were hurt during the incident, please describe your injuries:

(2) Did you need medical treatment or mental health services because of this incident? YES or NO

(3) Do you have medical insurance that will help you with the cost? YES or NO
 If yes, how much will or did you have to pay out of your own money? \$ _____
 How much has your insurance paid so far? \$ _____

(4) Did you have property damaged or stolen in this incident? YES or NO
 Please list all items damaged or stolen and the cost of each item:

Item	Date of Purchase	Purchase Price	Current Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(5) Do you have property insurance that will help with the cost? YES or NO
 If yes, how much will or did you have to pay of your own money \$ _____

(6) Have you missed work or school because of the incident? YES or NO
 If yes, how many days have you missed? _____
 Please give the dates: _____
 Did you lose pay because of the time you missed? YES or NO How much? \$ _____

(7) Do you need help in filing a claim with the Victims of Crime Compensation Board for assistance with the costs of medical services, counseling, funeral expenses or lost wages? YES or NO

(8) Do you want the judge to order restitution? YES or NO How much? \$ _____
 Restitution is money that the offender must pay back to you because of the crime. You have the right to ask for a restitution order.

In order for the judge to order restitution, you **must** attach copies of bills, receipts or estimates of medical costs, counseling expenses, stolen or damaged property and lost wages. If you do not know these expenses yet, please send in the form now and the expenses as soon as you get them.

(9) Do you need interpreting services or other special assistance to help you give a statement or testify? YES or NO If yes, what type of assistance? Please be specific: _____

(10) Would you like help finding a counselor or support group for crime victims? YES or NO

Important: Court rules require the prosecutor's office to give a copy of this form to the defendant. The above statements are true: _____

Signature

Date

(please turn over)

