

VICTIM IMPACT STATEMENT

This Victim Impact Statement gives victims or others affected by a crime the opportunity to express, in writing, the impact of this crime. You may have experienced economic losses, physical and psychological injuries, or changes in your life as a result of this crime. Your input is important in our decision making as the case progresses through the criminal justice system.

The information you provide will also assist us in evaluating the effects of this crime and determining an appropriate sentence and/or term of probation. The City Attorney's Office, the Probation Department, and the defendant will also receive a copy of your completed statement.

If you have any questions, please contact the Victim Advocacy Program at (720) 913-8020.

INSTRUCTIONS

- Complete all sections that apply. Attach as many additional sheets as you need to fully express your losses, thoughts, and feelings.
- Remember to sign and date the Victim Impact form.

Please return to: Victim Advocacy Program
201 West Colfax, Department 1207
Denver, Colorado 80202

3. ADDITIONAL INFORMATION

Please provide any other information you wish the court to consider about the impact of this crime. (Attach additional pages if needed.)

4. PHYSICAL INJURIES

Were there physical injuries as a result of this crime? yes no
If yes, describe the physical injuries and any medical treatment. (Attach additional pages if needed.)

Your Signature: _____

Date you completed this form. _____

I DO NOT WISH TO COMPLETE THIS STATEMENT.

_____ *Please initial* _____ *date*