

VICTIM IMPACT STATEMENT

Please type or print in ink.

Date Sent:	File # or MNI#:
Offense(s)	Offense Date:

The information you provide here will help the Juvenile Court to better understand how this crime has affected you and/or your family. Copies of this statement may be provided to the juvenile and his/her parents. If you need more room for your answers, attach extra sheets and number the sheet with the question.

Under North Dakota Law, victims of a crime may attend the juveniles hearing. Do you want to receive notification of hearing dates? Yes _____ No _____

Would you like to be informed of the outcome of the case? Yes _____ No _____

Victim:
Person Other Than Victim Completing Statement:
Relationship To Victim:

1. How have you and/or members of your family been affected by this crime? Did you receive any counseling or therapy? You may wish to write about changes that affected you and/or your family's ability to enjoy daily activities; such as: work, home life, recreation, relationships.

2. Were you physically injured or hurt as a result of this crime? If yes, you may wish to write about the type of injuries incurred, medical treatment received and/or what adjustments you had to make as a result of the injury?

3. Please indicate any thoughts or suggestions you have as to the disposition that should be imposed on the juvenile.

4. Do you have any additional comments or suggestions?

Damages/Restitution: If you would like the juvenile court to consider restitution, please use this portion of the form to list any expenses you have had or paid as a direct result of this crime. Some of the sections may or may not apply to you. **Attach copies of bills, receipts, estimates of value, replacement costs, other evidence or supporting documentation verifying the claim of the costs listed below.** Please attach additional pages as necessary.

	<u>VALUE</u>
1. List any medical expenses: hospital stays, doctor bills, medication, counseling/therapy, rehabilitation services etc. _____	\$ _____
_____	_____
_____	_____
_____	_____
2. List damaged, destroyed or stolen property. _____	\$ _____
_____	_____
_____	_____
_____	_____
3. List any other expenses incurred as a direct result of the crime such as lost wages, child care, transportation or funeral expenses. _____	\$ _____
_____	_____
_____	_____
_____	_____
TOTAL:	\$ _____

Complete the following section if you have already received or expect to receive any payments or benefits from the following sources.

<p>Medical Insurance: Name of Company: _____ Address: _____ _____ Phone #: _____ Claim #: _____ Deductible Paid \$ _____ Amount Received \$ _____ Other (List sources and amount covered. Please use additional paper if necessary): _____ _____</p>	<p>Property, Auto or Homeowners Insurance: Name of Company: _____ Address: _____ _____ Phone#: _____ Claim#: _____ Deductible Paid \$ _____ Amount Received \$ _____ _____</p>
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