

# VICTIM IMPACT STATEMENT

As a victim of a crime, you are entitled to give a statement to the court about how this crime has affected your life.

THIS FORM MUST BE RETURNED TO THE VICTIM / WITNESS OFFICE BEFORE SENTENCING

DEFENDANT:  
COURT CASE NO:  
DA CASE NO:

VICTIM:

Briefly state in your own words information pertaining to the economic, physical and psychological effect this crime had upon you. You should not simply state what happened but rather how what happened has had an impact on our life. Attach additional pages if necessary. Please be aware a copy must be provided to the defendant or the defense attorney. Your statement will be filed with the court when a plea has been taken and the court is in a position to sentence.

**VICTIM SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please return to: Victim Witness Services, 400 Market Street, P O Box 8095 Wisconsin Rapids WI 54495-8095