VICTIM IMPACT STATEMENT

VICTIM IMPACT INFORMATION. To be completed by the victim, parent/guardian or close relative of the victim. Please give any other information you believe is important about the effect of this crime on you and your family. ***Please do not relate any information about the crime itself; those facts are available already in other reports.***

The information in this Victim Impact Statement is true and correct to the best of my knowledge.

_____
Print Name

_____ _____
Signature Date

Information submitted by: ☐ Victim ☐ Parent/Guardian ☐ Close Relative ☐ Other _____