



OFFICE OF THE DISTRICT ATTORNEY

VICTIM'S IMPACT STATEMENT

If you need more space to answer any of the following questions, please feel free to use as much paper as you need, and simply attach these sheets of paper to this impact statement. Thank you.

1. State of Oklahoma vs. _____
(Please copy from attached cover letter)
2. Case Number: _____
(Please copy from attached cover letter)
3. Name of Victim: _____
Address: _____

Cell Phone: _____ Home Phone: _____
Work: _____ Email: _____
4. Name of Family Member (If Victim is Deceased): _____
5. If Victim is Minor, Name of Parent/Guardian: _____
6. Relationship of Victim to Offender: _____
7. As a result of this crime, were you or your family member physically or emotionally injured? If yes, complete as many as apply: (Property loss should be listed on the following page)
 - a. Incurred the following physical injuries: _____
 - b. Was hospitalized for _____ days.
 - c. Incurred medical or counseling expenses of \$_____.
(Out of pocket expenses only. DO NOT include what has been covered by insurance)
 - d. Anticipate additional expenses of \$ _____ for: _____
 - e. You may want to write about how long the injuries lasted, or how long they are expected to last.

8. Has this crime affected your ability to perform your work, make a living, run a household, go to school or enjoy any other activities you previously performed or enjoyed? If so, please explain how these activities have been affected by this crime.

9. How has this crime affected your lifestyle or your family's lifestyle? Please feel free to discuss your feelings about what happened and how it has affected your general well-being. Has this crime affected your relationship with any family members, friends, co-workers, and other people?

10. As a result of the crime, I (victim) lost the following property:

- a. Money in the amount of \$_____
- b. Personal property consisting of: (list amounts next to item and include receipts or estimates if available)

Total value of listed property \$_____

c. The property has been:_____ (Recovered and held by police, replaced by insurance, returned to me, other.)

d. If property was covered by insurance, what is the amount of your deductible?
\$_____ Name of Insurance Carrier_____

11. If the offender receives a sentence of imprisonment you may request to be notified of parole and release information. Please visit our website at www.district20da.org to download the VICTIM NOTIFICATION REQUEST form.

The information and thoughts you have provided are much appreciated.

Signature

Date

Return your victim impact statement to:

District Attorney's Office
Attn: Victim/Witness
Carter County Courthouse
20 B. Street S.W., Suite 103
Ardmore, OK 73401