

**VICTIM IMPACT STATEMENT**  
**Forest Acres Police Department**  
**5205 NORTH TRENHOLM RD.**  
**FOREST ACRES, SC 29206**  
**(803)782-9444 Fax (803) 787-1841**

This form is designed to help protect the rights of the victims in S.C. It will become a part of the Court record, to follow the defendant through the criminal justice system. The information you give in this form will help the judge understand what happened & the impact on you. It is very important that the victims complete this form and return it to the Law Enforcement Victim Advocate, **Frances Carmichael Reynolds** before the court date. Assistance in completing this form is available upon request.

STATE OF SOUTH CAROLINA VS \_\_\_\_\_ CASE NUMBER \_\_\_\_\_

NAME OF VICTIM \_\_\_\_\_ (or if victim is deceased, a minor, incapacitated or a business, list responsible party) \_\_\_\_\_.

HOME ADDRESS: \_\_\_\_\_ WORK ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_ VICTIM'S DATE OF BIRTH \_\_\_\_\_

IT IS YOUR RESPONSIBILITY TO INFORM FOREST ACRES PD OR ANY OTHER AGENCIES THAT MAY BE INVOLVED WITH YOUR CASE OF ANY CONTACT UPDATES OR CHANGES. Please answer any of the following questions that may apply to your case:

1. Were you physically injured? Yes \_\_\_ No \_\_\_
2. Did you require medical treatment? Yes \_\_\_ No \_\_\_
3. Have these injuries caused permanent or long lasting disability or disfigurement? Yes \_\_\_ No \_\_\_
4. Has your family situation, relationship, or lifestyle changed as a result of incident? Yes \_\_\_ No \_\_\_
5. Have you tried to move because of the crime? Yes \_\_\_ No \_\_\_
6. Has this crime affected your credit, your job, or your ability to work? Yes \_\_\_ No \_\_\_
7. Have you received counseling or psychological services because of the crime? Yes \_\_\_ No \_\_\_
8. If you have other concerns the Court should know about, please describe them on another sheet.

<u>Summary of costs</u>	<u>Costs to Date</u>	<u>Future Costs Expected</u>
<b>Property/Economic loss</b>	\$ _____	\$ _____
<b>Medical Expenses</b>	\$ _____	\$ _____
<b>Counseling Expenses</b>	\$ _____	\$ _____
<b>Other Expenses (Explain)</b>	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____
<b>Subtract Insurance</b>	\$ _____	\$ _____
<b>NET LOSS TO VICTIM</b>	\$ _____	\$ _____

**I wish to be notified of any court proceedings on this case. Yes \_\_\_ No \_\_\_**

