

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>
Property/Economic loss	\$ _____	\$ _____
Medical Expenses	\$ _____	\$ _____
Counseling Expenses	\$ _____	\$ _____
Other Expenses (Explain)	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____
Subtract Insurance	\$ _____	\$ _____
NET LOSS TO VICTIM	\$ _____	\$ _____

I wish to be notified of any court proceedings on this case. Yes ___ No ___

