

Defendant: _____

Court File Number: _____

Victim Impact Statement

Minnesota Statute 611A.038 allows crime victims to submit to the court a written statement which describes the impact of the crime(s) on the victim and his or her family. Victim Impact Statements may be considered by the court in deciding a sentence. Please complete all parts of this form which apply and add additional pages, as necessary.

Name of Victim: _____

Name of Person Completing Form: _____ Relationship to Victim: _____

I. PHYSICAL INJURIES

A. Did the victim have any physical injuries as a result of this crime? (Check one) Yes No

B. If yes, describe the physical injuries and any medical treatment the victim received. (Please add additional sheets, as necessary.)

II. PSYCHOLOGICAL EFFECTS AND TREATMENT

Describe any psychological effects of the crime and any psychological treatment received or needed as a result of the crime (Please add additional sheets, as necessary.)

III. LIFE CHANGES

Please describe any changes in your life as a result of this crime and any additional information you would like the court to consider about the impact this crime has had on your life, such as changes in personal welfare, lifestyle, or family relationships. (Please add additional sheets, as necessary.)

IV. DESIRED OUTCOMES

Although it is the responsibility of the court to impose the final sentence, your opinions are important. What would you like to see happen with this case. (jail/probation/fines/treatment – chemical, anger, domestic, or mental health/ restitution/etc.)

Would you like the Judge to issue a “No Contact” Order instructing the defendant to stay away from you, the victim, and/or your family? Yes No

Signature of Person Completing form: _____ Date: _____