Victim Impact Statement

Victim Assistance Program Funded By Hillsborough County Board of County Commissioners

IN THE _____ COURT OF THE THIRTEENTH JUDICIAL CIRCUIT OF THE STATE OF FLORIDA IN AND FOR HILLSBOROUGH COUNTY CRIMINAL JUSTICE DIVISION

STATE OF FLORIDA CASE NUMBER: _____

VS

_____(Defendant) DIVISION: _____

VICTIM'S IMPACT STATEMENT

Victim's Name: _____

Fill out this next section if Victim is a Minor or name of next of kin (if victim deceased).

Name of Parent/Guardian/Next of Kin _____

1. RESTITUTION

Are you requesting restitution? _____

If yes, please attach copies of bill, receipts or estimates documenting your injury or losses. DO NOT SEND ORIGINAL BILLS.

Total Amount of Restitution requested: $_____

Number of bills and receipts attached: _____

2. PHYSICAL INJURIES

Did you receive injuries which required medical treatment? YES or NO _____

If yes, describe your injuries:

_____

_____

_____

_____

Doctor's Name:

_____

Name of Hospital if hospitalized:

_____

Did you receive any psychological services?

_____

List all other medical services or medical devices as a result of this Crime:

_____

_____

_____

_____

Total cost of medical treatment: $

3. PROPERTY STOLEN OR DAMAGED

List all damaged or stolen as a result of this crime:

Item	Damaged	Stolen	Repair or Replacement Cost

NOTE: You may attach an additional document to list other items. Please indicate whether stolen or damaged and the cost of repair replacement if not recovered.

4. LOST INCOME

Days missed from work as a result of this crime:

Number of days:		Rate of pay:	/hr.
		Total amount of loss income:	$
(Attach proof of income)			

5. INSURANCE

Do you have insurance to cover your injuries, losses or expenses? _____

Insurance Company: _____

Address: _____

Claim Number: _____ Amount of Deductible: $ _____

Is there any other coverage of your expenses such as Medicare, Crimes Compensation, etc.? _____

If yes, list source: _____

Amount received: $ _____

6. VICTIM COMMENTS

This is your opportunity to let the Court know how this crime has affected you or your family and what hardships you have experienced as a result of this crime. You may include pain and suffering, inconvenience or change in your lifestyle. Attach additional sheets if necessary.

7. RECOMMENDATIONS FOR SENTENCING

Please state any recommendation that you may have as to the sentence imposed by the Court. The recommendation may include: imprisonment, probation, fines, community service, counseling or other conditions you feel are appropriate. The actual length of the sentence a defendant may receive will be based on statutory minimums and maximums and sentencing guidelines established by the Florida Legislature:

Signature _____

Print Name _____

(YOUR SIGNATURE MUST BE NOTARIZED)

Sworn to and subscribed before me at Tampa, Florida,

this _____and of _____ , 20____

_____

Signature of Notary Public – State of Florida

_____

Print, Type or Stamp Commissioned Name of Notary and Date Commission Expires

Personally Known _____ or Produced Identification _____

_____

Type of Identification Produced

_____

SAO # _____

State Attorney's Victim Assistance Office
419 N. Pierce Street, 3rd Floor
Tampa, Florida 33602-4022