



# Victim Impact Statement

## *Commonwealth of Virginia*

### ***How it is Used***

This Victim Impact Statement form gives the victim or others affected by crime(s) the opportunity to express, in writing, the impact of this (these) crime(s). This may include any economic losses, the extent of any physical or psychological injuries, and any major life changes as a result of the crime(s).

A written presentence report is prepared by a probation and parole officer to assist the judge in sentencing. This report focuses on the crime, the defendant's background, and any criminal history. Upon request of the victim, the Victim Impact Statement is included as part of the presentence report and may be seen by the defendant.

Because a copy of the Victim Impact Statement must be provided to the Commonwealth's Attorney or Assistant Commonwealth's Attorney (prosecutor) and the defense attorney, at least five days in advance of sentencing, you are required to return the form prior to the sentencing date. The due date will be listed on the form. If there is no date listed, contact the local victim/witness program or the prosecutor.

If the judge does not order a presentence report, the prosecutor must, if the victim requests, submit a Victim Impact Statement to the court and defense attorney prior to sentencing.

The Victim Impact Statement can also provide information useful in determining court-ordered restitution. It may also be used by the Criminal Injuries Compensation Fund, which pays unreimbursed expenses of victims who suffer personal physical injury or death, as a result of a crime.

Although every effort will be made to collect any financial restitution ordered by the court, there are no guarantees of full payment. There are other options, such as contacting the victim/witness program, the probation and parole office, the prosecutor, and/or the clerk of court. Should all efforts fail to collect restitution, it may be advisable to discuss civil options with an attorney.

The information requested will assist in evaluating the effects of the crime(s). As part of the presentence report, it may also be considered by institutional treatment personnel.

Sections 19.2-264.4 and 19.2-295.3 of the **Code of Virginia** also allow crime victims, upon motion of the Commonwealth's Attorney, to testify at the sentencing hearing regarding the offense. Ask your Commonwealth's Attorney or victim/witness program staff for more information about this option.

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### ***Instructions***

- ◆ Complete those sections that apply, and add any additional sheets.
- ◆ This document may be completed by a friend, relative, or advocate for the victim.
- ◆ Write neatly or type.
- ◆ Document/itemize financial losses, as a result of the crime.
- ◆ Sign and date the Victim Impact Statement form.

**RETURN THIS FORM BY \_\_\_\_\_ TO:**  
(Date)

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*If no agency is listed, ask the victim/witness program staff or prosecutor where to return the form or call the Crime Victim Assistance INFO-LINE at 1-888-887-3418, Monday-Friday, 9:00 AM-5:00 PM, for a referral.*

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# Helpful Hints

***Below is a list of suggestions for completing a Victim Impact Statement. Ask the victim/witness program staff or the prosecutor for more assistance in completing the form.***

## ***What you should do when completing the form:***

- Discuss how you felt while the crime was taking place or the emotional impact this crime has had on your life
- Discuss the physical, psychological, and financial impacts of the crime
- Use specific examples of how the crime has changed your life

## ***What you should not do when completing the form:***

- Introduce new evidence not covered at the trial or repeat evidence already presented
- Use derogatory or obscene language in discussing the defendant

# Additional Resources

## ***Local Victim/Witness Programs***

There may be a victim/witness program available in your community to provide information, assistance, and support. You may already have contacted the victim/witness program, but if you do not know the number of your local program, call the Crime Victim Assistance INFO-LINE at 1-888-887-3418.

## ***Crime Victim Assistance INFO-LINE***

Call the Crime Victim Assistance INFO-LINE toll free at 1-888-887-3418 Monday through Friday, 9:00 AM-5:00 PM for more information on your rights as a victim, referrals to local services, and crisis intervention, as needed. The INFO-LINE is part of the Victims Services Section of the Virginia Department of Criminal Justice Services. For further information, please call (804) 786-4000.

## ***Department of Corrections Victim Services Section***

Call the Department of Corrections' Victim Services Section at 1-800-560-4292 to request notice of the release, transfer, name change, or escape of incarcerated offenders in the state prison system.

## ***Office of the Attorney General***

Call the Office of the Attorney General of Virginia, Victim Notification Program at 1-800-370-0459 or (804) 371-7763 to request notice of the defendant's appeal of his/her conviction and/or sentence.

# The Victim Impact Statement Brochure

This Victim Impact Statement brochure was developed by a multi-disciplinary group, convened by the Victims Services Section of the Department of Criminal Justice Services and included representatives from the Department of Criminal Justice Services, Probation and Parole, the Department of Corrections, the Supreme Court of Virginia, the Virginia Association of Commonwealth's Attorneys, judges, victim/witness program staff and crime victims.

Defendant \_\_\_\_\_

Sentencing Date \_\_\_\_\_

Number \_\_\_\_\_

# Victim Impact Statement

## *Commonwealth of Virginia*

Sections 19.2-299.1 and 16-1.273 of the **Code of Virginia**, allow 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 in this case and add additional pages, as necessary.

\_\_\_\_\_  
Name of Person Completing Form

\_\_\_\_\_  
Relationship to Victim

\_\_\_\_\_  
Name of 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

A. Describe any psychological effects of the crime (Please add additional sheets, as necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Describe 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. ECONOMIC LOSS

A. Financial Loss

1. Property Loss. List the property lost as a result of this crime. This is property that has not been and is not expected to be recovered. (Attach any relevant receipts.)

Table with 4 columns: Item, Make, Model, Cost. Includes a Total \$ line at the bottom right.

2. Property Damage. (List property damage as a result of this crime and attach estimates/bills for repair.)

Table with 4 columns: Item, Make, Model, Cost. Includes a Total \$ line at the bottom right.

3. Medical/Hospital Costs, to include current or future costs (Attach copies of bills.) Total \$ \_\_\_\_\_

4. Other Economic Losses/Costs – both current and future (Lost wages and/or income – please specify type of loss) Total \$ \_\_\_\_\_

Subtotal A: (Property Loss + Property Damage + Medical/Hospital + Other) = Total \$ \_\_\_\_\_

B. Reimbursement Received

1. Property Insurance (Attach name and address of insurance company) \_\_\_\_\_

2. Hospital/Medical Insurance \_\_\_\_\_

3. Restitution Received \_\_\_\_\_

4. Other Reimbursement(s) \_\_\_\_\_

Subtotal B (Sum of Reimbursements) = \$ \_\_\_\_\_

C. Economic Loss Not Reimbursed (Subtotal A Minus Subtotal B) \$ \_\_\_\_\_

Signature of Person Completing Form

Date