

VICTIM IMPACT STATEMENT

State of Florida vs.

(Enter the Name of the Defendant)

County of

(Enter the County where the Crime Occurred)

Case Number:

(Enter the Case Number-----followed by (MMA) or (CFA) or (CJA)

Victim Name:

Victim Address:

Phone: Home

Work:

Cell:

Email Address:

VICTIM COMMENTS

How has the crime affected you, and your family? What (if any) hardships have you and your family experienced as a result of this crime? Attach additional sheet(s) if necessary.

PHYSICAL INJURIES

If you received medical treatment as a result of this crime, complete the following

Name of Doctor:

Phone:

Fax:

Hospital or Clinic:

Address:

Doctor's email address:

Type of Injuries:

TOTAL COST OF MEDICAL TREATMENT TO DATE: \$

Have you applied for Crimes Compensation? Y or N

Have you received monies from Crimes Compensation? Y or N

Amount \$

Claim #

Analyst Name

PROPERTY STOLEN OR DAMAGED

Did you have any property stolen or damaged? Please list item(s) below. If necessary, use additional sheet(s) and list the below information for each item.

Item 1: Damage: Y or N Stolen: Y or N

Purchase Date: Purchase Price: \$ Condition:

Fair Market Value (at time of crime): \$ Cost to Repair (if applicable): \$

Item 2: Damage: Y or N Stolen: Y or N

Purchase Date: Purchase Price: \$ Condition:

Fair Market Value (at time of crime): \$ Cost to Repair (if applicable): \$

Are there any other expenses as a result of this crime not reimbursed? If yes, please describe.

Are any items currently in the custody of a law enforcement agency? If yes, please list the items.

TOTAL AMOUNT OF EXPENSES INCURRED FOR STOLEN/ DAMAGED PROPERTY: \$

INSURANCE INFORMATION

If you had property loss, damages or if you had physical injuries as a result of this crime, please complete the following.

Do you have insurance to cover your losses? Y or N

Type of Insurance: Health: Property: Auto: Other:

Name of Insurance Company: Phone:

Insurance Company Address:

Insurance Company Email Address:

Deductible: \$ Claim # Award (if any): \$

If no claim was filed, please explain:

VICTIM ASSISTANCE/COURT ATTENDANCE REQUEST
Please select any assistance that Victim/Witness Services can provide to you.

Court Case Information

Property Return

Supportive Services

Home Security Survey

Victim Compensation

I wish to attend all court proceedings.

I wish to attend necessary court proceedings

I do not wish to attend any court proceedings (other than my legal requirements.)

I hereby swear or affirm that the above statement is true and correct.

VICTIM NAME

DATE

PARENT/GUARDIAN NAME (if victim is a minor)

VICTIM/WITNESS SERVICES OFFICE LOCATIONS

BREVARD COUNTY

**Office of the State Attorney
2725 Judge Fran Jamieson Way
Building D
Viera, FL 32940-6005
Phone: 321-617-7510
Email Address: VWS@sa18.org**

SEMINOLE COUNTY

**Office of the State Attorney
91 Eslinger Boulevard
Third Floor
Sanford, FL 32772-8006
Phone: 407-665-6000
Email Address: VWS@sa18.org**