

IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, MISSISSIPPI

19TH CIRCUIT COURT DISTRICT

*ANTHONY N. LAWRENCE III, DISTRICT ATTORNEY*

IF YOU WISH TO BE PART OF THE COURT PROCESS, OUR OFFICE WILL MAKE ALL REASONABLE ATTEMPTS TO CONTACT YOU. YOUR COOPERATION IS VITAL, AND IT IS YOUR RESPONSIBILITY TO NOTIFY US IN WRITING OF ANY ADDRESS OR PHONE NUMBER CHANGES. IF THIS FORM IS NOT COMPLETED AND RETURNED, WE WILL ASSUME YOU ARE FOREGOING YOUR RIGHTS TO BE NOTIFIED AND/OR HAVE INPUT.

STATE OF MISSISSIPPI

PLAINTIFF

VS.

CAUSE NO. \_\_\_\_\_

DEFENDANT(S)

\_\_\_\_\_

**VICTIM IMPACT STATEMENT**

**Victim's Personal Reaction:** Write your feelings on how being the victim of this crime has affected you personally and those around you.

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**Victim's physical injury:** Explain any injuries and the treatment you received. Please attach detailed copies of any bills that were not covered by insurance. Failure to attach the requested information will result in no recovery for your losses.

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**Victim's property loss:** List any property that was damaged, destroyed or lost and the value of that property. Attach copies of bills or estimates for repair. Only include your actual loss for property (out-of-pocket loss, if any after insurance paid). **DO NOT INCLUDE ITEMS THAT WERE RECOVERED AND DID NOT HAVE ANY DAMAGES.** Failure to complete this section will result in no reimbursement to you for damages or losses sustained.

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What are your thoughts regarding the sentence (punishment) the court should impose on the defendant(s).

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Will you be seeking compensation from the state for medical or funeral expenses? \_\_\_\_\_

If you answered yes, please explain: \_\_\_\_\_

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I swear that the statements made here are true to the best of my knowledge.

Signature \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

If you are completing this statement for someone else, please complete the following:

Victim's Name \_\_\_\_\_

Your relationship to the victim: \_\_\_\_\_

**Note:** If you did not have room to complete any of the requested information, please add more pages as needed. If there are any changes in the above information, please notify our office as soon as possible. The information provided herein will be used in open court and the failure to provide the requested information will prevent this office from having the necessary information to seek full restitution on your behalf. Again, if there are any changes in the above information, please notify our office as soon as possible.

RETURN THIS FORM TO: District Attorney's Office  
Victim Assistance Coordinator  
P.O. Box 1756  
Pascagoula, MS 39568-1756