MARION COUNTY DISTRICT ATTORNEY'S OFFICE
VICTIM IMPACT STATEMENT

DA # _____ STATE VS. _____

VICTIM: _____

¿Preferira recibír esta forma en español? Sí _____ No _____

PART A: GENERAL INFORMATION

Your thoughts about the crime in which you were a victim are very important to this office. Before you begin, we suggest that you read through this form once to familiarize yourself with the questions. If more room is needed to write your responses, please feel free to attach additional pages.

The defense attorney will receive a copy of this form. It is likely that the defendant will see your responses. Should the defendant be convicted, information from this form will also be provided to the court and corrections department.

We realize that answering these questions may be difficult or painful. Your voluntary participation is appreciated. If you need assistance, please contact the Victim Assistance Division at 503-588-5253 or 1-866-780-0960.

Please sign, date, and return this form within 10 days. If you need an extension of that time, please notify this office.

Please briefly describe the impact that this crime has had on you. In describing the impact you may want to consider and describe the following:

- **If you were physically injured as a result of this crime**
- **If this crime has affected you emotionally**
- **If this crime has affected your ability to earn a living or attend school**
- **If this crime altered or changed in any way the lifestyles of you or your family**
- **If there are other effects of this crime which are now being experienced by you or members of your family**
- **If you have any thoughts or suggestions on the sentence that the court should impose for this crime**

Name of Person Completing Form Date

Part B: RESTITUTION INFORMATION

We are working to determine the direct monetary losses you experienced because of this crime. If we are able to establish your losses, we can ask the court to order the defendant to pay restitution and reimburse you for your losses. Please itemize **ACTUAL** financial loss such as unrecovered/damaged property or medical bills. PLEASE INCLUDE COPIES OF ANY RECEIPTS OR ESTIMATES (WRITE DA # ON ALL PAGES). If more space is needed you may attach additional sheet(s). If your insurance provider, bank and/or Crime Victims Compensation program covered any of your losses, please make sure that you include a claim number so we may seek restitution for them as well. **We are NOT able to request compensation for pain and suffering.**

ITEMIZE LOSS – **ATTACH ANY RECEIPT/ESTIMATE**		LOSS AMOUNT
1.		$
2.		$
3.		$
4.		$
5.		$
6.		$
7.		$
	TOTAL OUT OF POCKET LOSS	**$**

DID INSURANCE PAY ON THIS CLAIM? Y/N PAID BY VICTIM'S ☐ PAID BY DEFENDANT'S ☐

IF PAID BY VICTIM'S INSURANCE PLEASE FILL INFORMATION BELOW:

INSURANCE COMPANY: _____ POLICY HOLDER: _____

POLICY #: _____ CLAIM #: _____

DEDUCTIBLE: **$** _____ **PAID BY INSURANCE: $** _____

HAVE YOU FILED AN APPLICATION FOR CRIME VICTIMS COMPENSATION? _____

IF YOU WERE A VICTIM OF IDENTITY THEFT OR FORGERY **Please include account numbers from any bank or credit card loss**		
BANK	**ACCT #: CREDIT/DEBIT/CHECKING**	**AMOUNT**

_____ _____

Signature of person completing this form Date

_____ _____

Printed name of person completing this form Date

You may fax the form and supporting documentation to 503-373-4348

Questions about Restitution? Please contact our Restitution Specialists:

Janice Thompson 503-373-4346

Sean Walter 503-589-3256

PART C: APPEARANCE NOTIFICATION

As a victim, you have the right to attend court hearings and, if there is a conviction, the sentencing of the defendant. Your schedule will be considered when scheduling or rescheduling the trial or sentencing. Please indicate what dates within the next several months that you would not be able to attend a hearing. The court may inquire as to the reason you are not available.

If you receive a subpoena or notice of sentencing that conflicts with your schedule, immediately advise the Deputy District Attorney.

I am unavailable for court on the following dates:

_____

_____

_____

I am unavailable on those dates for the following reasons:

_____

_____

_____

_____

Signature Date

PART D: CONFIDENTIAL INFORMATION

This information will not be provided to the defense attorney or the defendant, but will be available to law enforcement agencies. It is imperative that you keep our office advised of any change of address. A current address will enable us to keep you informed of case status and, if restitution is ordered and paid, will enable the court clerk to forward any monies to you.

1. PERSONAL INFORMATION:

Name: _____

Mailing Address: _____

_____

Physical Address: _____

(If different) _____

Home #_____ Cell #_____ Work #_____

Date of Birth: _____ Email Address: _____

Drivers License #_____ State _____

2. CONTACT PERSON: Closest relative or friend not living with you who will always know how to reach you.

Name: _____ Relationship:_____

Mailing Address: _____

_____

Physical Address: _____

Email Address: _____

Home #_____ Cell #_____ Work #_____

3. EMPLOYER: If you lost wages due to this crime, please provide the following information about the employer for whom you were working at the time.

Business Name: _____ Phone: _____

Mailing Address: _____

_____

PLEASE RETURN THIS FORM WITHIN 10 DAYS. *If you need additional time, please call 503 588-5253 or 866 780-0960. Send to: Victim Assistance Division, Marion County District Attorney's Office, PO Box 14500, Salem, OR 97309*