



Fifteenth Judicial District

VICTIM IMPACT STATEMENT

DISTRICT ATTORNEY'S OFFICE

VICTIM ASSISTANCE PROGRAM

Lamar, Lawrence & Marion Counties
500 Courthouse Square, Suite 3
Columbia, MS 39429
(601) 731-1476
(800) 711-6960 (toll free)
(601) 731-1489 (fax)

Jefferson Davis & Pearl River Counties
P.O. Box 584
Poplarville, MS 39470
(601) 403-2356
(800) 711-6960 (toll free)
(601) 403-2357 (fax)

Read instructions before completing.

The Office of the District Attorney has received your case file from law enforcement. However, additional information is needed in order to further process your case through the criminal justice system. Please take a few minutes of your time to complete this victim impact statement form and return it (by the above specified deadline) in the enclosed, self-addressed, stamped envelope, provided for your convenience. Failure to return this form would result in the Court not knowing how this crime has affected you emotionally, physically, and financially. This information is vital to ensure that the Court is aware of how this crime has affected you, your family and your life. Regarding the financial aspects of this crime, the Court WILL NOT BE ABLE to order money to you in the form of restitution IF YOU DO NOT COMPLETE AND RETURN THIS FORM. If you do not report in this form all of your damages and losses, the Court WILL NOT ORDER the appropriate amount of restitution to you. If you have questions, or need assistance in completing this form, please contact the Office of Victim Assistance at the above phone numbers and addresses according to the county in which the crime occurred. If you move or change your phone number, please contact us IMMEDIATELY. This is the only way to ensure that the criminal case will be prosecuted. We look forward to serving you to the best of our ability and as provided by law.

SECTION A - VICTIM INFORMATION
1. Victim's Name
2. Marital Status
3. Street Address
4. City
5. State
6. Zip Code
7. Telephone Number (DAY)
8. Telephone Number (NIGHT)
9. Cell Phone
10. E-Mail Address (internet)
11. Date of Birth
13. The following information is used for statistical purposes only and is needed to comply with federal regulations.
A. Sex [] Female [] Male
B. Race [] White [] Black [] Hispanic [] American Indian [] Asian/Pacific [] Other [] Alaskan Native [] Islander

SECTION B - REPRESENTATIVE INFORMATION
If victim is deceased / a minor / elderly / or business, please list information for a contact representative:
1. Representative's Name
2. Relationship to Victim
3. Street Address
4. City
5. State
6. Zip Code
7. Telephone Number (DAY)
8. Telephone Number (NIGHT)
9. Pager/Beeper Number
10. E-Mail Address (internet)
11. Date of Birth

SECTION C - CRIME INFORMATION
1. Type of Crime (please check one)
[] Armed Robbery [] Child Physical Abuse [] Domestic Abuse [] Kidnapping [] Shooting into a Dwelling
[] Assault [] Child Sexual Abuse [] Felony DUI [] Robbery [] Other (please specify)
[] Car Jacking [] Drive-by Shooting [] Homicide [] Sexual Assault
2. Date of Crime
3. Law Enforcement Agency Crime Reported To
4. Name of Offender(s)
5. Did Victim Know Offender(s)? [] Yes [] No If yes, in what way?
6. County of Crime

SECTION G - SENTENCING INFORMATION

Although it is up to the Court to decide the sentence of this/these offender(s), the Court would like to know what your opinion is on this matter. If you have no opinion, please mark that you would be satisfied with the Court's decision. If you have an opinion, please choose from the options below. If the offender(s) has a prior conviction, the Court will send the offender to jail. If this is the offender's first felony conviction, the Court has several options depending on the nature of the crime.

I feel the defendant should receive the following upon sentencing in this matter:

- _____ Jail Sentence
_____ Suspended Jail Sentence (probation)
_____ Satisfied with the Court's decision
_____ Restitution

I feel the Court should also consider the below information if the Court chooses to suspend the offender's jail sentence:

CONTINUE TO SECTION H - PAGE 4

SECTION H - OTHER

If we have neglected to request any information of which you feel the court should be aware, or needs to consider, please report that information now.

SECTION I - CERTIFICATION AND AUTHORIZATION

CERTIFICATION OF APPLICATION: I hereby certify, subject to the penalty of fine and imprisonment that the information contained in this Victim Impact Statement is true and correct to the best of my knowledge.

RELEASE OF INFORMATION AUTHORIZATION: I hereby authorize any hospital, physician, mental health provider, funeral director, municipal authority, employer or Union, insurance company, social service bureau, Social Security Office, Medicaid, Medicare or any other person, firm, agency or organization to furnish to the District Attorney's Office or its representatives any information requested including records or doctor bills needed by said agency. A photocopy of this authorization shall be considered as effective and valid as the original. This authorization is valid for a (24) month time period.

I certify that I have read and/or understood, and agree to the above statements.

Signature of Person Completing Form

Date Completed

SECTION J - RETURN VICTIM IMPACT STATEMENT

**RETURN V.I.S. TO: FIFTEENTH JUDICIAL DISTRICT ATTORNEY'S OFFICE
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