

Complaint Number: _____ Victim/Witness Asst. _____

Defendant(s): _____ Offense & Case #(s): _____ Asst. DA _____

VICTIM IMPACT STATEMENT – Sexual Assault/Sexual Offense

VICTIM'S NAME: _____	Phone Numbers: Home: _____ Work: _____
Address: _____	Work: _____
City, State, Zip _____	Email Address: _____
Social Security Number: _____	
<i>If we cannot reach you and there is someone else we can call, please provide the following information:</i>	
Name: _____	Relationship: _____
Address: _____	Phone: Home: _____
City, State, Zip _____	Work: _____

PHYSICAL INJURY: Did you receive any physical injuries as a result of this crime? _____ If yes, please describe (*attach additional sheets if necessary*):

***MEDICAL/COUNSELING EXPENSES.** Please attach copies of medical and counseling bills that you have incurred as a result of this crime. **Do not include** the cost of a sexual assault kit, that is automatically covered. If you anticipate future medical or counseling expenses, please write "incomplete" and forward additional copies to our office when treatment is complete.

	<u>Expense</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL FROM ATTACHED SHEETS:	\$ _____
Are you covered by insurance? _____	LESS AMOUNT INSURANCE PAID: - \$ (_____)
	TOTAL MEDICAL EXPENSES: (1) \$ _____

OTHER LOSSES, such as property loss/damage. Please attach copies of estimates, and/or receipts for repair or replacement of property relevant to this case. **Do not include lost wages.**

	<u>Expense</u>
_____	\$ _____
_____	\$ _____
TOTAL FROM ATTACHED SHEETS:	\$ _____
Do you have insurance? _____	LESS AMOUNT INSURANCE PAID: - \$ (_____)
	TOTAL OTHER LOSSES: (2) \$ _____

ADD 1 AND 2 ABOVE FOR TOTAL LOSS → \$ _____

EMOTIONAL EFFECT (optional). If you *wish* to provide information about how this crime has affected you please attach additional sheets or describe briefly below:

OTHER (optional). Is there anything else you would like the District Attorney or Judge to know? Include comments you wish to make about prosecution, sentencing, restitution, etc. (*attach additional sheets if necessary*):

I WANT TO RECEIVE NOTIFICATION OF THE FOLLOWING PROCEEDINGS

See "Explanation of Basic Steps for Felony Cases in the Criminal Justice System" in the enclosed brochure

- Bond Hearing Yes No
- Plea (guilty or not guilty) Yes No
- Trial Yes No
- Disposition (result) Yes No
- Appeal of Conviction and Appellate Proceedings Yes No
- Release of Defendant from Jail/Prison after conviction Yes No
- _____ I do **NOT** wish to be notified of any court proceedings.

The information I have given on this statement is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Please return the completed form as soon as possible to:

District Attorney's Office
700 E. Trade Street
Charlotte, NC 28202

Call 704.347.7891 (en español 704-347-7891 extensión 5506) if you have any questions about this form.