

VICTIM IMPACT STATEMENT – Domestic Violence (Misdemeanor)

VICTIM'S NAME: _____

DEFENDANT'S NAME: _____

Your Phone Number(s) (Home) _____ (Work) _____

Mailing Address: _____

If we cannot reach you and there is someone else we can call, please provide the following information:

Name: _____ Relationship _____

Address: _____ Phone: Home: _____

City, State, Zip _____ Work: _____

Emotional Effect: Has the crime affected you and your family emotionally? Has the crime affected relationships with family, friends, coworkers, and others close to you? _____ If "yes", please describe:

Were there any children present at the time of the incident? _____ If "yes", has the incident affected them emotionally? _____

Has the victim charged the defendant with assault on a female or other crimes of violence before this incident occurred? _____ Yes _____ No

Did the defendant use a deadly weapon or have a deadly weapon in his possession at the time of the incident? _____ Yes _____ No

Did the defendant assault other family members on this occasion or other occasions? _____ Yes _____ No

Has the defendant threatened you in any way to seek a dismissal of this case? _____ Yes _____ No

Physical Injury: Were you physically injured as a result of this crime? _____ If "yes", please describe (attach additional sheets if necessary):

(see next page)

Medical Expenses - Please list any medical and counseling expenses that you have incurred as a result of this crime. Please attach copies of medical and counseling bills and receipts relevant to this case:

		Expense
		\$
		\$
		\$
	Expense:	\$
Are you covered by insurance?	Insurance Paid:	\$
	TOTAL	\$

Economic Loss: Such as property damage, loss of income, etc: (attach additional sheets if necessary)

Do you anticipate any future medical or counseling expenses? If "Yes", please include the name and address of physician, anticipated length of treatment and approximate cost:

Other: 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 *****

- Bond Hearing
- Trial
- Outcome of the case
- Probation/Early Release
- Appeal to Superior Court
- 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 within 2 weeks to:

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

Call 704-417-1834 if you have any questions about this form.