VICTIM IMPACT STATEMENT

	the ded more space to answer any of the following questions, please feel free to use as much paper as all and simply attach these sheets of paper to this impact statement. Thank You.			
Your Name				
Defendant's Name				

1. How has this crime affected you? Please feel free to discuss how this crime may have affected your relationships with family members and those close to you. If you have received any form of victim services such as counseling by either a licensed professional, member of the clergy or a community-support program group, you may wish to mention this. Please use any additional paper as necessary.

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2. How has this crime affected your ability to work or do any of the things you normally do, such as running a household, or any other activities you normally perform or enjoy.

3. Were you physically injured or hurt as a result of this crime? If yes, you may wish to write about the type of injuries you had, what medical treatment you received and how long these injuries lasted or are expected to last. Plese use additional paper as necessary.

SENTENCING RECOMMENDATION

What are your	r thoughts	regarding the	e sentence the	Court s	should im	pose on the	e defendant?
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VICTIM RESTITUTION FORM

Please return this to the 16th Judicial District Attorney's Victim/Witness Assistance Office 300 Iberia Street, Suite 200, New Iberia, LA, 70560

NAME:		
PHONE:		(Cell)
Please fill out the form	n to assist in the prosecution of yo	ur case. Use the back of form if necessary.
1. MEDICAL EX	KPENSES FOR INJURY	
Hospital		Amount
Doctor		Amount
Pharmacy		Amount
Other		Amount
2. PROPERTY L	OST/STOLEN AND NOT RECO	VERED
Item		Amount
Item		Amount
3. PROPERTY D	AMAGE TO BE REPLACED:	
4. INSURANCE	COMPANY	
Claim Made _		Benefit Received
TOTAL AMOUNT O	F LOSS, DAMAGE OR EXPENS	SES: