Mason County Victim Impact Statement

*Completion of this form is voluntary, and information may be shared with the court, including the defendant and his/her attorney. Only include information you wish to share. Please note, this form is used for many different types of crimes, and some questions may not relate to your individual experience. You may write N/A or leave those unrelated questions blank. In many cases, the VIS is considered when making sentencing recommendations.

Victim Name:
1. Do you plan to attend the sentencing hearing?
□ yes □ no
2. Do you desire to appear before the Court at the sentencing to make an oral statement?
□ yes □ no
3. Do you wish to be notified of the sentence imposed on the defendant by the Court?
□ yes □ no
4. In your own words, please describe your version of the crime. Use additional paper if necessary.
5. What is your recommendation as to what sentence should be imposed upon the defendant in this case (jail, prison, probation, fine, restitution, home confinement, counseling, community service, etc.)?

6. Did you receive any physical injury as a direct result of the crime? \Box yes \Box no
If yes, please state the nature of the injury and if the injury is temporary or permanent.
7. Did you receive medical treatment for this injury? \square yes \square no \square N/A
If yes, please explain what type of medical treatment.
8. Has there been any change in your personal welfare and/or personal relationships as a result of this crime?
If yes, please explain how this crime has affected you and your family.
9. Have you or any member of your family received counseling due to this crime?
10. Has this crime affected your ability to earn a living? ☐ yes ☐ no If yes, please explain. Be sure to include any related, normally scheduled missed days from work and the
amount of income lost.

11. Have you suffered any e	conomic loss or incurred	any expense as a result	of the crime?	
☐ yes	□ no			
If yes, please list in the app	propriate spaces below.	Please attach copies	of bills and receipts for	al
expenses listed. Your victin	n advocate can assist yo	u with this.		
Expenses (medical/hospital trea	tment, counseling, funeral/bu	rial, other)		
Indicate the full amount of any ex you were required to pay over any name and address of the insurance	insurance coverage. If any	expenses were covered by i		
Type of Expense	Amount	X if covered by insurance	Amount not covered	
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Losses (property stolen, damaged	d, or destroyed)			
actual loss to you. The actual loss to the property, which is not cover address of the insurance company, Type of Property	ed by insurance. If any losses	s were covered by insurance,		
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If a claim was filed, did you	pay an insurance deducti	ble? □ Y □ N H	ow much?	
12. If you suffered any other	economic loss not state	d above, please list belo	w. Please be sure to indicate	cate
the type and amount of loss.				
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13. Have you filed a claim with the West Virginia C	Crime Victims Fund?	☐ yes	□ no
(Certain crimes, primarily cases involving personal injury, may	y qualify for this assistance	. Please ask yo	our Victim Advocate).
If yes, please state the status of the claim and the cla	iim number.		
14. Have you received any financial assistance f Assistance, Vocation Rehabilitation Assistance, Mo Benefits, Private Insurance, Employee Health Care Fund, or Charitable Contributions) which assisted y	edicare/Medicaid, Soci Plans, Awards from th	ial Security ie Crime Vid	Benefits, Veteran's etims Compensation
in any of the above questions?	□ yes	5 □ r	10
If you answered yes to question 14, please explain	-		
I am aware that I must send notice about any change	e in my mailing addres	s to receive	such notification.
By my signature below I affirm that this statement is	•		
Signature	Date		

Please return this form to:

Mason County Prosecuting Attorney's Office Attn: Jenny Miller 200 Sixth Street, Fourth Floor, Room #11 Point Pleasant, WV 25550