

**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.

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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.)?

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11. Have you suffered any economic loss or incurred any expense as a result of the crime?

yes       no

If yes, please list in the appropriate spaces below. **Please attach copies of bills and receipts for all expenses listed. Your victim advocate can assist you with this.**

**Expenses** (*medical/hospital treatment, counseling, funeral/burial, other*)

Indicate the full amount of any expense, whether or not all or part of that amount was covered by insurance, and the amount you were required to pay over any insurance coverage. If any expenses were covered by insurance, please be sure to list the name and address of the insurance company, as well as any policy numbers.

<u>Type of Expense</u>	<u>Amount</u>	<u>X if covered by insurance</u>	<u>Amount not covered</u>
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____

**Losses** (*property stolen, damaged, or destroyed*)

Indicate the type of property, the value of the property when lost, whether or not the property has been recovered, and the actual loss to you. The actual loss to you should be either the value of the property not recovered or the amount of the damages to the property, which is not covered by insurance. If any losses were covered by insurance, please be sure to list the name and address of the insurance company, as well as any policy numbers.

<u>Type of Property</u>	<u>Value of Property</u>	<u>X if Recovered</u>	<u>Loss</u>
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____

If a claim was filed, did you pay an insurance deductible?  Y  N      How much? \_\_\_\_\_

12. If you suffered any other economic loss not stated above, please list below. Please be sure to indicate the type and amount of loss.

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\_\_\_\_\_

