

VICTIM SERVICES TEAM  
DEPARTMENT OF ATTORNEY GENERAL  
150 SOUTH MAIN STREET, 2<sup>ND</sup> FLOOR  
PROVIDENCE, RI 02903

VICTIM IMPACT STATEMENT

STATE OF RHODE ISLAND VS: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

NAME OF VICTIM \_\_\_\_\_ D.O.B./AGE \_\_\_\_\_  
~~~~~

IF A MINOR, NAME OF PARENT/GUARDIAN \_\_\_\_\_

VICTIM ADDRESS/CITY/STATE/ZIP \_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
~~~~~

**Under Chapter 12-28-4 of the Rhode Island General Laws, as a victim of a crime you have the right to address the court prior to sentencing. Please indicate below whether you would like to be present at the time of disposition/sentencing.**

\_\_\_\_\_ I would **LIKE** to be present and would **LIKE** to give victim impact to the court at the time of disposition/sentencing.

\_\_\_\_\_ I would **NOT LIKE** to be present and **DO** wish to give victim impact to the court at the time of disposition/sentencing.

\_\_\_\_\_ I would **NOT LIKE** to be present and **DO NOT** wish to give victim impact to the court at the time of disposition/sentencing.

**PLEASE NOTE THAT THE INFORMATION PROVIDED IS NOT CONFIDENTIAL.**

Please complete the following questions to help the Prosecutor relay your feeling to the Judge during the Pre-Trial conference stage of this case. Addition sheets may be attached if needed. Please limit your answers to how the crime has affected you and do not get into the facts of the incident. Keep in mind that this is not confidential.

I. Personal Impact

A. Please indicate the effect this crime had had on you, as the victim or as the parent/guardian of the victim.

B. Please indicate your thoughts regarding what you feel is and appropriate sentence for the defendant.

II. Medical Expenses

If you suffered any injuries resulting from this crime, please answer the following questions:

A. Length of Treatment \_\_\_\_\_

B. Expenses not covered by medical insurance including counseling.

\$ \_\_\_\_\_ Future Expenses \$ \_\_\_\_\_

III. PROPERTY LOSS OR DAMAGE

A. List Loss of Property and Replacement Value

Item \_\_\_\_\_ \$ \_\_\_\_\_  
Item \_\_\_\_\_ \$ \_\_\_\_\_  
Item \_\_\_\_\_ \$ \_\_\_\_\_

B. List Damaged Property and Cost of Repairs

Item \_\_\_\_\_ \$ \_\_\_\_\_  
Item \_\_\_\_\_ \$ \_\_\_\_\_  
Item \_\_\_\_\_ \$ \_\_\_\_\_

If property was cover by insurance please list Insurance Company information below as well as the amount of you insurance deductible.

Insurance Company Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Agent \_\_\_\_\_

Phone Number \_\_\_\_\_

Deductible Amount \_\_\_\_\_

Please include all **copies** of medical bills, receipts or estimates pertaining to all above information. You may also be entitled to compensation through the Rhode Island General Treasurer Crime Victim Compensation Program. You may contact them at 401-222-8590.

Thank You,

Victim Services Team