

**MONONGALIA COUNTY VICTIM ASSISTANCE PROGRAM
PROSECUTING ATTORNEY'S OFFICE
FIRST FLOOR JUSTICE CENTER
75 HIGH STREET
MORGANTOWN, WV 26505
(304) 291-7286 Fax: (304) 291-7269**

VICTIM IMPACT STATEMENT

WHAT IS A VICTIM IMPACT STATEMENT AND HOW IS IT USED?

The victim impact statement (VIS) is an opportunity for you to describe how being a victim of crime has affected your life. This statement allows you to write about the physical, emotional, and financial effects of this crime, as well as any other changes in your life you may have experienced. If the defendant pleads guilty or is found guilty after trial, your impact statement will help the Judge understand how this crime has affected you and those close to you.

COMPLETING THE STATEMENT IS VOLUNTARY.

You do not have to complete a Victim Impact Statement, but it may be helpful to the Judge in deciding what sentence the defendant should receive. It will also assist in determining any money the defendant may have to pay for expenses you have incurred due to this crime. If the Judge orders the defendant pay the victim, it is called "restitution." If the Judge orders the defendant to pay restitution, there is no guarantee that the defendant will be able to pay the entire amount.

Your statement will become an official court document after it is given to the court, and will become part of the defendant's permanent file. The Judge, Prosecutor, and Probation Officer will read your statement. In addition, prison and parole officials may read your statement if the defendant is sentenced to a prison term. The defendant and the defendant's attorney will also be able to read what you have written. They may even be able to ask you questions about your statement in court. However, the defendant will not be able to see your address and telephone number because they are not put on the statement.

No one knows better than you how this crime may have changed or affected your life. Those of us involved in your case believe that it is very important for you to help the court understand all of the ways this crime has affected you and those close to you.

You also have a right to speak to the Judge at the time of sentencing. If you would like to do so, please contact our office as soon as possible so we can assist in preparing the presentation.

The statement also asks what you believe the sentence should be in this case. Although the Judge will decide the defendant's sentence, he/she may consider your opinion before making this decision. Your statement may also be used at other hearings in which decisions are made about parole or the possible early release of the defendant.

SUGGESTIONS FOR COMPLETING YOUR VICTIM IMPACT STATEMENT

The following suggestions are offered only as a guide in completing the victim impact statement. Feel free to write in your own words what effects this crime has had.

Please answer as many questions as you wish. If a question makes you feel uncomfortable, you do not have to answer it.

If you need more space or wish to provide information in a different way, please attach such information to this form when you return it. If you feel uncomfortable in any way using this form, you may simply express your thoughts in letter form.

The first part of the Victim Impact Statement inquires about the physical effects of the crime and the emotional impact that you have suffered. Information such as the effect of this crime on your daily living, activities, or any other functions you perform should be included in this section.

If you have paid or owe any money for bills because of this crime, please fill out the financial impact section of the statement (or the separate Property form if it is included). It is important to be as accurate and complete as possible when listing your costs because this information will be used by the Judge to help determine what restitution the defendant must pay to you. Some examples of expenses you may have paid or owe include – *medical bills or supplies; counseling costs; lost wages or support; funeral expenses; crime scene cleanup; lost, stolen or damaged property; and the repair or replacement of door locks and security devices.* It is important to attach copies of any bills or other proof of any money that you have spent or expect to spend in the future as a result of this crime.

If you were a victim of crime resulting in bodily injury, you may wish to include any lost wages as a result of the crime. For example, if you took time off from work to go to the doctor or courthouse to testify, and your employer did not pay you for this time, you may wish to ask the Judge for consideration regarding these expenses.

CRIME VICTIM COMPENSATION FUND

If you are a victim who has suffered an injury, pays for the medical and/or funeral expenses of a victim, a legal guardian of a minor, or a spouse or dependant who suffers noneconomic loss due to the death of a victim you will qualify to apply for assistance through the WV Crime Victims Compensation Fund. Expenses eligible for reimbursement can include medical/dental, mental health counseling, lost income, and mileage. This fund is independent of any court proceedings and will not have any effect on court judgment.

If you would like more information on the benefits available, or how to apply for compensation, please contact our office for assistance.

FOR HELP WITH YOUR VICTIM IMPACT STATEMENT

Please return your completed victim impact statement to our office by the due date indicated on the statement. If you have any questions while completing your impact statement or if you would like to speak to the Judge at sentencing, please contact our office as soon as possible to make arrangements.

2. Were you physically or emotionally injured because of this crime?

YES _____ NO _____

If yes, explain the extent of your injury. Explain how serious it was and if you received treatment. How long did the injury last? How long will it affect you?

3. Has this crime affected your ability to earn a living?

4. SENTENCING: Please indicate your feelings concerning what sentence the defendant should receive.

Name of Insurance Company: _____

Address: _____

Phone Number: _____ - _____

PLEASE INDICATE THE INSURANCE SETTLEMENT AMOUNT:

Indicate the number of any lost work days: _____ lost wages: _____

Employer: _____

Supervisor: _____

Employer's Address: _____

Phone Number: _____ - _____



If this crime is a felony, and if the defendant is sentenced to the West Virginia Department of Corrections, I understand that to receive notice about any parole, I must contact in writing:

*West Virginia Board of Probation and Parole
112 California Avenue
Room 307
Charleston, W.V. 26305*

I know that I must send notice about any change in my mailing address to receive notification.

Innocent victims of crime may also be eligible to receive certain compensation and medical benefits from the W.V. Crime Victims Compensation Fund. Additional information and claim forms may be obtained by calling or writing to:

*Monongalia County Victim
Assistance Program
75 High Street
First Floor Justice Center
Morgantown, W.V. 26505
(304) 291-7286*

*Crime Victims Compensation Fund
1900 Kanawha Blvd. Room W334
Charleston, W.V. 25305-0291
(304) 347-4850*

I swear that the statements made here are true to the best of my knowledge.

SIGNATURE

DATE

_____ / / _____

If you are completing the statement for someone else, please complete the following:

VICTIM'S NAME

RELATIONSHIP

YOU MAY ATTACH ADDITIONAL PAGES TO THIS STATEMENT.