

VICTIM IMPACT STATEMENT

Please type or print in ink.

Defendant: _____	File Number: _____
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[¶] The information you provide here may help the Judge and Prosecutor better understand how this crime has affected you and your family. Copies of this statement will be provided to the Defense Attorney and Defendant. If someone other than the victim is completing the statement, please fill in the victim's name, and your name and address.

Victim _____	Date of Birth _____	
Person Other Than Victim Completing Statement _____	Relationship to Victim _____	
Reason victim did not complete statement _____		
Address (Victim or person completing statement) _____	City _____	
State _____	Zip Code _____	Phone Number _____

[¶] 1) How has this crime affected/changed your life or your family's life?

[¶]2)Describe what your thoughts or suggestions are for an appropriate sentence as a result of the incident.

¶]If this is a crime against the person, such as rape or armed robbery, and the defendant is sentenced to serve time in the State Prison system, I understand that to receive notice of any pardon or parole hearing, I must send notice of any changes in my mailing address to: Victim Service Representative, ND Division of Parole and Probation, PO Box 5521, Bismarck, ND 58502-5521 (Phone No. 701-328-6193).

[¶]This Victim Impact Statement is subscribed and affirmed as true under the penalties of law.

Signature

Date

[¶]*You must complete the section below in the presence of a Notary*

State of _____
County of _____

I, _____, being duly sworn, declare that the above Victim Impact Statement is my statement and is true and correct to the best of my knowledge and belief.

Signature

Date

Subscribed and sworn to before me this _____ day of _____,
20_____, by _____ who personally appeared before me.

(Seal)

Notary Public

My commission expires _____