



OFFICE OF THE PINAL COUNTY ATTORNEY
Kent Volkmer • Pinal County Attorney

VICTIM IMPACT STATEMENT

In the matter of: _____ **Case No.** _____

Allegations: _____

Name of Victim: _____

**Name of person completing this statement.
(If different from victim and relationship to victim)**

Explain the nature of any injuries you may have experienced as a result of this crime:

Describe the type and length of any medical treatment you required as a result of this crime:

Have you or members of your family sought counseling as a result of this crime?
Yes _____ No _____. If yes, describe the frequency or length of time counseling will be required.

How this crime affected your ability to earn a living? Yes_____ No_____. If so how?

What sentence do you feel the juvenile should receive? Please Explain:

Do you have any concerns that you feel the Court should be made aware of?
Please Explain:

Signature: _____ Date: _____