



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

VICTIM IMPACT STATEMENT

State vs: _____

Case No: _____

Charges: _____

Name of Victim: _____

Name of person completing this statement and your relationship to victim:
(if different from 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 _____

Has this crime affected your ability to earn a living? Yes _____, No _____ if so, how?

What sentence do you feel the defendant should receive? Please explain.

Do you have any concerns that you feel the court should be made aware of? Please explain.

Signature _____ Date _____