



OFFICE OF THE PROSECUTING ATTORNEY
VICTIM/WITNESS SERVICES DIVISION
 411 Jules, Buchanan County Courthouse, St. Joseph, Missouri 64501

— CRIME VICTIM IMPACT FORM —

All victims of crime suffer in one way or another. Please complete this form so we can tell the judge at sentencing how the impact of this crime has affected your life.

DEFENDANT'S NAME: _____
 DATE OF INCIDENT: _____
 CHARGE: _____

Your Name _____ Home Ph.# _____ Work Ph.# _____ Cell Ph.# _____
 Your Address _____ City _____ State _____ Zip _____
 Relationship to Victim (if other than yourself): _____

Name of closest relative or friend: _____
 Address: _____ Telephone: _____
 Please notify this office of any address or phone number changes to ensure timely notification.

Please state what impact this crime has had on your life or your family life.

Were you injured? (describe)

Was your life or physical well-being threatened? (describe)

Do you have a suggestion as to the appropriate punishment for the defendant?

— RESTITUTION CLAIM —

What is the nature of your claim? (Check if applicable)
 Medical Expenses \$ _____ Missing Items \$ _____
 Damaged Items \$ _____ Other \$ _____
 List total value of loss \$ _____

Are any of these items covered by insurance? \$ _____
 (Please attach copies of any written bills, receipts, estimates, etc.)

Did your loss include anything with sentimental or other irreplaceable value? (describe)

— CRIME VICTIMS' RIGHTS —

As a crime victim you have several rights resulting from the passage of the Missouri Constitutional Amendment for Crime Victims in 1992. Among the constitutionally guaranteed rights, is the right to be informed of court dates and sentencing decisions upon written request. If you would like to be informed of court dates related to the above-named defendant, please fill out and return this form.

I would like to be NOTIFIED BUT DO NOT WISH TO APPEAR at bond hearings, preliminary hearing, pre-trial hearing, plea hearings, sentencing/disposition hearings, trial, probation revocation hearings and/or post conviction release motions.

I would like to be NOTIFIED AND PRESENT at bond hearings, preliminary hearing, pre-trial hearing, plea hearings, sentencing/disposition hearings, trial, probation revocation hearings and/or post conviction release motions.

I do not wish to be notified or present. (Please be aware that your presence may be required at trial or hearing.)

Signature: _____ Date: _____
 (Type your name if submitting via e-mail)

CLEAR FORM

PRINT FORM

SUBMIT FORM