

COMMONWEALTH OF KENTUCKY
CHRISTIAN CIRCUIT COURT
INDICTMENT NO. _____

COMMONWEALTH OF KENTUCKY VS. _____ (Defendant)

VICTIM IMPACT STATEMENT

Defendant's Charge(s):

<u>Victim Information:</u>
Victim's Name: _____
Victim's Address: _____
Victim's Phone #s and e-mail: _____

Do you want to be notified of Defendant's future court date(s)? YES or NO
How do you want to be contacted? Mail Phone e-mail (check all that apply)
In the event of trial, will you accept a subpoena by mail? YES or NO

Does this crime involve restitution (e.g. money, theft, fraud, medical bills etc.)? YES or NO
If you had medical bills, have you applied to the Victim's Compensation Board? YES or NO
Restitution \$ Amount: \$ _____ - \$ _____ = \$ _____

Receipts Attached? YES or NO (Receipts / proof of loss MUST be attached to receive restitution)
Value of property _____ Paid by insurance _____ TOTAL out of pocket expense _____

If a choice is given, which would you prefer for the Defendant: PAY RESTITUTION or JAIL

How has this crime affected you? (If you need more room, feel free to attach paper) _____

Which would you prefer for the Defendant**: JAIL or PROBATION
If the Defendant is probated, what additional conditions would you recommend (if any):
 SUBSTANCE ABUSE TREATMENT
 EMPLOYMENT
 ANGER MANAGEMENT
 PARENTING CLASSES
 OTHER: _____

Signed: _____ Date: _____

RETURN TO: Commonwealth's Attorney's Office, 511 S. Main St., 2nd Floor, Hopkinsville, KY 42240, OR
you can fax it to our office at 270-889-6590 OR by emailing to jhightower@prosecutors.ky.gov
**The victim impact statement shall be considered by the court prior to any decision on the sentencing or release, including shock probation, of the defendant. (KRS 421.520).*
***The Commonwealth will make reasonable efforts to accommodate victim requests, but makes no guarantees.*