**VICTIM IMPACT STATEMENT**

*Sentencing Act Part 6 Division 2 Subdivision 2*

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| **NAME OF VICTIM:** |  |
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| **NAME OF FAMILY MEMBER OR DEPENDANT:** |  |
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| **RELATIONSHIP / NATURE OF DEPENDENCY:** |  |
|  | *(If the report is being prepared by a family member or a dependant)* |
| **NAME OF OFFENDER:** |  |
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| **DATE OF OFFENCE:** |  |
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| **Physical Harm:** |  |
| *(A physical injury that interferes with a person’s health) You can include the injuries you received, any treatment you received and the ongoing physical effects.)* |
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| **Emotional** |
| *(You can include psychological or emotional suffering including grief.*) |
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| **Financial** |
| *(You can include loss of wages or income or other expenses incurred as a result of the crime.)* |
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| Restitution/Compensation for Damage or Loss |
| *(A court may order an offender to make restitution of property taken or damaged in the course of or in connection with the commission of an offence, and/or pay compensation for the loss, destruction or damage to property that occurs in the course of or in connection with the commission of an offence.)* |
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| **Other Relevant Information** |
| *(This may include information such as how your life has changed as a result of the crime, and anything else you may want to tell the Judge which has not been included in the other sections including any cultural issues.)* |
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| **Sentence** |
| *(You can include a statement as to your wishes in respect of the order that the court may make in relation to the offence referred to in the statement.*  |
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I consent to the presentation of this Victim Impact Statement to the Judge.

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| **Name:** |  |
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| **Signature:** |  | **Date:** |  |

\* If you have any additional information such as reports from a doctor and or counsellor, photographs of injuries, pay slips, invoices or receipts for goods damaged you can attach these documents to this form