VICTIM IMPACT STATEMENT

STATE OF WISCONSIN VS. _____

THIS FORM MUST BE RETURNED BY _____
Please be advised that the defendant(s) and/or attorney may have the right to see this information and obtain a copy.

As a victim of a crime committed against you, you have the right to submit a Victim Impact Statement to the court describing the harm this offense has had on you. This form is a guideline for your use if you wish to let the court know the full impact of this crime on you and/or your family. The District Attorney's office and court would like to consider your wishes when making a decision on this matter. You may contact Victim/Witness Services at any time to discuss the outcome of the case or to schedule a meeting with the Prosecutor handling this case.

1. What economic, physical, psychological, or other effects has this incident had on you, your family, and/or your business?

2. What would you like to see happen to the defendant(s)?

3. Do you have any fears or concerns at this time?

4. Is there anything else you would like the court to know?

This will be filed with the Clerk of Court's and will become an open record. The defendant and/or their attorney will receive a copy of this form.

_____ _____
Signature Date

_____
Print Name

Saved in Victim Impact