

**IMPACT STATEMENT**

Name:

Address:

City:

State:

Zip:

Phone(Cell)

Phone(Work)\_\_\_\_\_

Phone(Home)\_\_\_\_\_

Email Addresses:\_\_\_\_\_

Social Media Contact Information: Facebook:\_\_\_\_\_

Instagram:\_\_\_\_\_

Other Social Media Contact Information:\_\_\_\_\_

Name/Address/Phone Number/Email Address of contact person not living with you (parent, sibling etc.)

\_\_\_\_\_

\_\_\_\_\_

*If your address changes at any time, it is your responsibility to notify our office directly*

Name of Defendant:

Indictment No.

Charges:

Relationship to defendant, if any: \_\_\_\_\_

What sentence do you feel should be imposed upon the Defendant?

Prison/Jail (Yes/No):\_\_\_\_\_

Treatment/Counseling (Yes/No):\_\_\_\_\_

Do you wish to be present at all hearings scheduled? Yes or No

Did the actions of the defendant result in death? Yes/No \_\_\_\_\_

Did the actions of the defendant result in physical injury to you, Yes/No If yes, please list those injuries:

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If medical attention was required, please provide the name and phone number of the treating physician and describe the nature of treatment:

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Were any of the medical expenses covered by insurance? Yes/No If so, what is the amount of the deductible? Please list total out of pocket medical expenses (expenses not covered by insurance):

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Did the actions of the defendant result in any damage, loss, or destruction of property? Yes/No Please list total amount of loss. Please provide estimate of damage. Was this loss covered by insurance? Amount of Deductible? Please attach copy of insurance claim.

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PLEASE NOTE: THE COMMONWEALTH'S ATTORNEY'S OFFICE CANNOT REQUEST RESTITUTION FOR LOST WAGES OR PAIN AND SUFFERING. WE ALSO CANNOT MAKE RECOMMENDATIONS ON CIVIL CLAIMS.

If any items were recovered or are covered by insurance, please list:

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Total amount of Restitution due: \$ \_\_\_\_\_

It is essential that you attach an itemized statement or estimate, or the amount being awarded to you will be jeopardized.



If this form is completed by someone other than the named victim, please provide the name and contact information of the person completing form and relationship to victim.

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If you require any additional information, please feel free to contact the victim advocate at 270-746-7485 or visit our website at [bgkyprosecutors.com](http://bgkyprosecutors.com).