

IMPACT STATEMENT

Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Preferred Method of Contact: Mail Text E-Mail

****It is your responsibility to keep our office up-to-date on your correct contact info****

Emergency Contact (name, phone number, address, relationship):

Name of Defendant(s): _____

Relationship to Defendant (if any): _____

Case Number(s): _____

Division: _____ Date of Offense: _____

Charges: _____

What do you feel is the appropriate sentence? Incarceration (how long), Treatment, Counseling, etc. _____

Are you owed restitution? Be sure to include documentation. _____

List any physical injuries that occurred as a result of the incident: _____

Did you seek medical attention? If so, please include the name and phone number of the provider as well as date seen. _____

Did insurance cover any of the expenses? _____

Did you pay a deductible? If so, how much? _____

Describe the impact and lifestyle changes the actions of the defendant have had on you and/or your family? _____

Additional Comments (attach extra pages if necessary): _____

Signature

Date

**If this form is completed by someone other than the named victim, please provide your name and contact information. _____

Please return form to: Commonwealth's Attorney's Office
1001 Center Street, Suite 205
Bowling Green, KY 42101
jwsmith@prosecutors.ky.gov