

VICTIM IMPACT STATEMENT

In order to assist the Victim Coordinator and the Prosecutor we are requesting that you utilize this form to exercise your right to be heard, make penalty recommendations and request restitution. Please complete this form and return it to Town of Payson, Attn: Heather Lutye, 303 N Beeline Hwy. Payson AZ 85541 or email it to hlutye@paysonaz.gov no later than 2 days prior to the first scheduled Pretrial Conference/proceeding. Note: Pursuant to A.R.S. 13-4430 by signing this document I give my permission to share this information with the appropriate parties (prosecution, courts, defense counsel and probation) in consideration of sentencing this case.

1. Written Impact Statement for the Prosecutor and/or Judge from you, the victim, including the following:

A. Statement of impact/effect that this crime has had on you including trauma/injury suffered as a result of this crime. Please describe the psychological impact which the crime has had on you.

B. What do you recommend as penalties for the defendant other than restitution? Please be specific i.e., fines, community service, counseling, probation, jail time, no alcohol order, no contact/stay away order, etc.

C. Have you experienced any of the following feelings since the crime occurred (please check the appropriate response(s): depression____anxiety____fear____guilt____anger/rage____change in sleep patterns____change in appetite_____

D. Have you received and counseling or therapy as a result of this incident? If yes please describe the length of time you have been or will be undergoing counseling or therapy:

E. Has the incident affected your ability to earn a living? If yes, please describe your job and how it has been affected:

F. Has the crime affected you or your family's life style?

G. Are there any other effects of this crime that are now being experienced by you or your family?

H. What are your feelings about the Criminal Justice System? Have your feelings changed as a result of this incident?

2. Restitution: Are you requesting restitution for out of pocket expenses that are a DIRECT result of this crime? Yes _____ No _____

If yes, please complete the attached restitution form in its entirety and submit supporting documentation that would reflect the expenses incurred.

3. Will you be present for court proceedings regarding this case? Yes _____ No _____

4. List any additional information, requests, comments or concerns regarding this case:

Date: _____

Victim Name (printed): _____

Victim Signature: _____

Victim Telephone Number: _____