

SOUTH CAROLINA VICTIM IMPACT STATEMENT



Defendant: _____
Charges: _____
Co-Defendant(s): _____
Assistant Solicitor: _____

Warrant Numbers: _____
Case Number: _____
Indictment Numbers: _____
Victim/Witness Advocate: _____

TO BE COMPLETED BY VICTIM OR **REPRESENTATIVE (if victim is a minor, business, deceased or incapacitated)

Please return this form within **2 weeks**—assistance in completing this form is available upon request.

Victim Name: _____
**Representative: _____
Relationship to Victim: _____

Phone # --Home (____) ____ - ____
--Work (____) ____ - ____
--Cell (____) ____ - ____
--Other (____) ____ - ____
*(Indicate which is your primary number)

Mailing Address: _____

Work Address _____

E-mail _____

Incident Date _____

FINANCIAL LOSS: YOU MUST ATTACH COPIES OF RECEIPTS, BILLS, ESTIMATES AND OTHER DOCUMENTS

Expenses:

Medical (+) \$ _____
Counseling (+) \$ _____
Funeral (+) \$ _____
Property Loss Damage (+) \$ _____
Deductible Amount (+) \$ _____
Other (+) \$ _____
Subtotal (=) _____

Recovery Amounts From:

Insurance Reimbursement (-) \$ _____
Insurance Company and Address _____
Victim Compensation (SOVA) (-) \$ _____
TOTAL DUE \$ _____

PLEASE READ AND CHECK STATEMENT(S) WITH WHICH YOU AGREE:

- ____ I **do** wish to be notified of all court proceedings pertaining to this case.
- ____ I **do not** wish to be notified unless I am needed.
- ____ I **do** wish to be notified of all *post-conviction* hearings, including appeals, probation, parole, release, or escape from prison, etc.

It is your responsibility to inform the Solicitor's office of any changes to your address and telephone number.

Please turn over and complete other side of this form

This portion of the Victim Impact Statement requests information about the effects the crime. Please consider the following questions and *respond only to those that apply to you and to this case*. You may use additional paper for your answers if needed. We encourage your input.

Did you suffer any physical injuries? _____ Did these injuries cause any permanent or long-term disabilities or disfigurements? Please describe:

Have you noticed any change in your lifestyle since this happened? (This may include personal habits, close relationships, the amount of tension and nervousness, or your ability to work.) Please describe:

Please describe how this crime has affected you financially?

Have you received any mental health counseling as a result of this crime? _____ If not, are you interested in receiving counseling?

Please use this space for additional comments you may have:

Thank you for taking time to complete and return this form. This will help your voice to be heard by the criminal justice system. Please sign and return in the enclosed envelope.

Signature of victim or representative

Date

With your signature, you submit that the above statements are true.

This Victim Impact Statement should be sent to the Solicitors office handling your case.

(This section to be completed by agency personnel only)

Defendant's DOB _____

Defendant's SS# _____

County of Conviction _____

Judge _____

Date of Sentence _____

Sentence _____

Restitution Ordered:

To victim \$ _____

To SOVA \$ _____

***TOTAL: \$ _____**