

GARY L. FARHA
ADAMS COUNTY STATE'S ATTORNEY
521 Vermont, Quincy, Illinois

VICTIM IMPACT STATEMENT

PURPOSE: With the recent passage in Illinois of the Bill of Rights for Victims and Witnesses of Violent Crime, victims and witnesses have been afforded expanded rights.

Violent crime victims are defined as persons who are physically injured in Illinois as a result of a violent crime or persons who suffer felonious injury or loss of property as a result of a violent crime.

Additional, for the first time, the definition of victims is expanded to include family members-spouses, parent, child, or sibling-of a person killed as a result of a violent crime.

One of these expanded rights includes the presentation of a victim impact statement at the time of sentencing. The victim, as defined above, has the right to address the court regarding the psychological, physical, and economic impact which the defendant's conduct has had upon the victim. This statement must be prepared first in writing in conjunction with the State's Attorney's Office, and then it is presented orally at the time of sentencing.

Illinois is unique in that probation officers are required by law to conduct a presentence investigation which also includes information about the effects of the crime upon the victim(s).

This form can be used for both purposes: to obtain a presentence investigation report and to obtain a victim impact statement.

As a violent crime victim, your voluntary cooperation is required in completing this form. The information supplied will assist the court in weighing all facts prior to imposing the sentence.

PEOPLE OF THE STATE OF ILLINOIS VS _____

COURT DOCKET# _____

SENTENCING DATE: _____

NAME OF VICTIM: _____

PLEASE COMPLETE AND RETURN BY _____

1. As a result of this crime, did you suffer any physical injuries? If yes, please describe the injuries, including any temporary or permanent disabilities, medical treatment received, and the length of time treatment was required.

Please indicate the amount of expenses incurred to date as a result of the medical treatment received: \$ _____
Anticipated expenses: \$ _____

2. Have you sought any professional counseling (psychologist, social worker, clergy, support group, etc.) as a result of this crime? If yes, please describe the length of time you have been or will be participating in counseling.

Please indicate amount of expenses incurred from above: _____
Anticipated expenses: \$ _____

3. Has any family member other than yourself sought counseling due to this crime? If yes, please describe the length of time they have or will be participating in counseling.

Amount of expenses incurred from above: \$ _____.

Anticipated expenses: \$ _____.

4. Has this crime affected your ability to earn a living, go to school, or run a household? If yes, please describe and be specific.

5. Have you incurred expenses related to your court appearances such as lost wages, transportation costs, babysitting cost, etc.? If yes, please describe and indicate the amount of expenses.

6. Were there any financial losses due to repairs or replacement of property incurred because of this crime?

11. Please describe how various sentencing alternatives would affect you and your family.

SIGNATURE

DATE: _____