**VICTIM IMPACT STATEMENT**

Sentencing Act Part 6 Division 2 Subdivision 2

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| **NAME OF VICTIM:** |  |
|  |  |
| **NAME OF FAMILY MEMBER OR DEPENDANT:** |  |
|  |  |
| **RELATIONSHIP / NATURE OF DEPENDENCY:** |  |
|  | *(If the report is being prepared by a family member or a dependant)* |
| **NAME OF OFFENDER:** |  |
|  |  |
| **DATE OF OFFENCE:** |  |
|  |  |
| **Physical Harm:**  *(A physical injury that interferes with a person’s health). You can include the injuries you received, any treatment you received and the ongoing physical effects.)* | |
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| **Emotional:** *(You can include psychological or emotional suffering including grief.)* | |
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|  | |
| **Financial:**  *(You can include loss of wages or income or other expenses incurred as a result of the crime.)* | |
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|  | |
| **Restitution/Compensation for Damage or Loss**  *(A court may order an offender to make restitution of property taken or damaged in the course of or in connection with the commission of an offence, and/or pay compensation for the loss, destruction or damage to property that occurs in the course of or in connection with the commission of an offence.)* | |
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| **Other Relevant Information**  *(This may include information such as how your life has changed as a result of the crime, and anything else you may want to tell the Judge which has not been included in the other sections including any cultural issues.)* | |
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| **Sentence**  *(You can include a statement as to your wishes in respect of the order that the court may make in relation to the offence referred to in the statement.* | |
|  | |

I consent to the presentation of this Victim Impact Statement to the Judge.

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| **Name:** |  | | |
|  |  | | |
| **Signature:** |  | **Date:** |  |

\* If you have any additional information such as reports from a doctor and or counsellor, photographs of injuries, pay slips, invoices or receipts for goods damaged you can attach these documents to this form.