

Victim Impact Statement

How to Use the Victim Impact Statement

A Victim Impact Statement gives the victim, and/or others affected by crime(s) the opportunity to express, in writing, the impact of the crime(s). This may include any emotional, physical, financial impact and any major life changes as a result of the crime(s).

Prior to the sentencing hearing, a written presentence report is prepared by a probation and parole officer to assist the court in sentencing. This report focuses on the crime, the defendant's background, and any criminal history. With the consent of the victim, the Victim Impact Statement is included as part of the presentence report and may be seen by the defendant.

The Victim Impact Statement must be provided to the attorney for the Commonwealth (prosecutor) and the defense attorney, at least five days in advance of sentencing. If you wish to submit a Victim Impact Statement, it must be received by the due date listed on the form. If there is no date listed, contact the local crime victim and witness assistance program or the prosecutor.

If the court does not order a presentence report, the attorney for the Commonwealth must, if the victim requests, submit a Victim Impact Statement to the court and defense attorney prior to sentencing.

The Victim Impact Statement can also provide information useful in determining court-ordered

restitution. It may also be used by the Virginia Victims Fund, which pays unreimbursed expenses of victims who suffer personal physical injury or death, as a result of a crime.

Although every effort will be made to collect any financial restitution ordered by the court, there are no guarantees of full payment. There are other options for collecting payment, such as contacting the local crime victim and witness assistance program, the probation and parole office, the prosecutor, and/or the clerk of court. Should all efforts fail to collect restitution, it may be advisable to discuss civil options with an attorney.

The information provided in a Victim Impact Statement will assist in evaluating the effects of the crime(s). As part of the presentence report, it may also be considered by institutional treatment personnel.

Section [19.2-295.3](#) of the *Code of Virginia* also allows crime victims, upon motion of the attorney for the Commonwealth, to testify at the sentencing hearing regarding the offense. Ask your attorney for the Commonwealth or local crime victim and witness assistance program staff for more information about this option.

Instruction Summary

- Complete those sections that apply and include additional sheets of paper as needed.
- This document may be completed by a friend, relative, or advocate for the victim.
- Write neatly or type.
- Document/itemize financial losses that occurred as a result of the crime.
- Sign and date the Victim Impact Statement form.

RETURN THIS FORM BY _____ TO:
(Date)

If no agency is listed, ask the local victim/witness program or prosecutor where to return the form or call the Victim Assist Helpline at 1-855-4-HELP-VA (1-855-443-5782), Monday–Friday, 9:00 AM – 5:00 PM for a referral.

Helpful Hints

This is a list of suggestions for completing a Victim Impact Statement. Please ask the local crime victim and witness assistance program or the prosecutor if you need additional help in completing this form.

What you **SHOULD** do when completing the form:

- Discuss how you felt while the crime was taking place or the emotional impact this crime has had on your life.
- Discuss how the defendant’s actions and trauma that followed affected you physically and psychologically, and the financial impacts of the crime.
- Use specific examples of how the crime has changed your life which can include how the crime has affected your social relationships with family, friends, or co-workers.

What you **SHOULD NOT** do when completing the form:

- Introduce new evidence not covered at the trial or repeat evidence already presented.
- Use derogatory or obscene language in discussing the defendant.

Additional Resources

Local Crime Victim and Witness Assistance Programs

There may be a local crime victim and witness assistance program (also known as a “victim/witness program”) available in your community to provide information, assistance, and support. You may have already contacted the local crime victim and witness assistance program. To find your local program, search the Virginia Victim Assistance Directory at:

www.dcjs.virginia.gov/sites/dcjs.virginia.gov/files/publications/victims/virginia-victim-assistance-directory.pdf

Virginia Victim Assist Helpline

For information, assistance, and referrals you can reach out to the Virginia Victim Assist Helpline. They are available Monday through Friday, 9:00 AM – 5:00 PM at 1-855-4-HELP-VA (1-855-443-5782) or through their chat feature at vanetwork.org/victim-assist-helpline.

Virginia Department of Corrections (VADOC) Victim Services Unit

If the defendant was sentenced to 12 months or more in the custody of the Virginia Department of Corrections (VADOC), victims and their immediate family can register through NAAVI to be notified of the inmate’s status. Types of notification include transfer to another prison, advanced release, release date, death, name change, work release status, escape, and recapture. To be notified, registration through NAAVI is required at naavi.virginia.gov. For further information, please contact the Victim Services Unit at 1-800-560-4292 or email victimservices@vadoc.virginia.gov.

Office of the Attorney General

The Office of the Attorney General provides notification of the filing, status, and disposition of a direct appeal to the Court of Appeals of Virginia and/or Supreme Court of Virginia, and a state and/or federal petition for a writ of habeas corpus. To be notified, registration through NAAVI is required at naavi.virginia.gov. For more information, contact the Attorney General’s Victim Notification Program at 1-800-370-0459 or VNP@oag.state.va.us.

Commonwealth of Virginia
Victim Impact Statement

Defendant: _____

Sentencing Date: _____

Case Number: _____

Section 19.2-299.1 of the Code of Virginia states “the presentence report prepared pursuant to § 19.2-299 shall, with the consent of the victim, as defined in § 19.2-11.01, in all cases, include a Victim Impact Statement”.

Section 16-1.273 provides crime victims the option to submit to the court a written statement which describes the impact of the crime(s) on the victim and their family. Victim Impact Statements may be considered by the court in deciding a sentence. Please complete all parts of this form which apply in this case and add additional pages as needed.

Name of Person Completing Form

Relationship to Victim

Name of Victim

I. PHYSICAL INJURIES

- A. Did the victim have any physical injuries as a result of this crime? (Check one) Yes No
- B. If yes, describe the physical injuries and any medical treatment the victim received.
(Please add additional sheets as needed.)

II. PSYCHOLOGICAL EFFECTS AND TREATMENT

- A. Describe any psychological effects of the crime. (Please add additional sheets as needed.)
- B. Describe any psychological treatment received or needed as a result of the crime.
(Please add additional sheets as needed.)

III. LIFE CHANGES

Please describe any changes in your life as a result of this crime and any additional information you would like the court to consider about the impact this crime has had on your life, such as changes in personal welfare, lifestyle, or family relationships. (Please add additional sheets as needed.)

IV. ECONOMIC LOSS

A. Financial Loss

1. Property Loss. List the property lost as a result of this crime. This is property that has not been and is not expected to be recovered. *(Attach any relevant receipts.)*

Item	Make	Model	Cost

Total \$ _____

2. Property Damage. *(List property damage as a result of this crime and attach estimates/bills for repair.)*

Item	Make	Model	Cost

Total \$ _____

3. Medical/Hospital Costs, to include current or future costs. *(Attach copies of bills.)* **Total \$** _____

4. Other Economic Losses/Costs *(Lost wages and/or income)*. Please include both current and future.

Loss/Cost Description	Current loss	Future Loss	Loss/Cost
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Subtotal A: (Property Loss + Property Damage + Medical/Hospital + Other) = Total \$ _____

B. Reimbursement Received

- 1. Property Insurance *(Attach name and address of insurance company)* _____
- 2. Hospital/Medical Insurance _____
- 3. Restitution Received _____
- 4. Other Reimbursement(s) _____

Subtotal B: (Sum of Reimbursements) = Total \$ _____

C. Economic Loss Not Reimbursed

Subtotal A Minus Subtotal B = Total \$ _____

Signature of Person Completing Form

Date