

# SOUTH CAROLINA VICTIM IMPACT STATEMENT

This form is designed to help protect the rights of crime victims in South Carolina. It will become part of the Court record, and will follow the defendant through the criminal justice system. **One form for each defendant is necessary and should be completed in detail in ink and returned within two weeks after receipt to the Office of the 16<sup>th</sup> Judicial Circuit Solicitor.** Assistance in completing this form is available upon request.

## OFFENDER INFORMATION

**FOR OFFICIAL USE ONLY**

State of South Carolina vs. \_\_\_\_\_

Charge(s): \_\_\_\_\_

Warrant Number(s) \_\_\_\_\_

Offender's DOB \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Indictment No(s) \_\_\_\_\_ County of Conviction **YORK**

Sentence \_\_\_\_\_

Victim's Compensation Claim Filed \_\_\_\_\_ Date \_\_\_\_\_

Upon sentencing the agency will forward a copy of this form to the SC Department of Corrections, SC Department of Probation, Parole & Pardon Services or SC Attorney General's Office as appropriate.

## VICTIM INFORMATION (Please print and complete all sections that apply to you).

NAME OF VICTIM: \_\_\_\_\_

Victim's Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

**NOTE: If the victim is deceased, a minor child or is a business, please list the name of a responsible party:**

Responsible party: \_\_\_\_\_

Relationship of Responsible Party to the Victim \_\_\_\_\_

(i.e. parent, sibling, or in case of business crime, manager, clerk, etc.)

Home Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Any additional contact information \_\_\_\_\_

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### PLEASE ANSWER THE FOLLOWING THREE QUESTIONS BY CHECKING "YES" or "NO".

1. I absolutely want to be present for a guilty plea or other proceedings regarding this case. Yes  No
2. I will come if I am needed or if it is convenient for me, but I do not feel that my presence at the proceedings is absolutely necessary. Yes  No
3. I definitely want to be notified by appropriate agencies for all post conviction sentencing events including appeals, probation, parole, release or escape from prison. Yes  No

\*\*\*\*\*Please turn page over, complete, sign and date.\*\*\*\*\*