

This section of the Victim Impact Statement will provide the court with a written record of how you and/or your family have been affected by the crime committed against you. Please complete the sections that apply to you or your business. The Judge reviews the written statements prior to passing sentence at a trial or guilty plea. You may attach a written sheet if the space below is inadequate.

Describe any physical injury and medical treatment associated with the injuries. Have injuries caused permanent disabilities or disfigurement?

2. Have you noticed any changes in personal habits, family or personal relationships or life style as the result of the crime? Describe.

3. Has the crime affected your job, ability to work or credit? How?

4. Have your received counseling or psychological services because of the crime? Do you need a referral?

Please summarize any costs or financial losses resulting from this crime. This may include medical and/or counseling costs, lost wages, funeral bills, lost or damaged property, etc. Copies of receipts, estimates, bills, and other documentation should be attached.

Medical Expenses	\$ _____
Counseling	\$ _____
Lost Wages	\$ _____
Funeral Expenses	\$ _____
Property Loss	\$ _____
Other	\$ _____
Recovery Amount from Insurance OR	\$ _____
Victim Compensation	\$ _____
<b>TOTAL:</b>	\$ _____

Thank you for completing this form.  
It will help insure that your voice is heard by the criminal justice system.

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

\_\_\_\_\_  
Victim or Responsible Party

\_\_\_\_\_  
Date

It is your responsibility to inform the Solicitor's Office, SC Department of Corrections and the SC Department of Probation, Parole and Pardon Service or SC Attorney General's Office of any changes in your address and telephone number after an offender has been sentenced. You will need to do this if you wish to be notified of any changes in the status of an inmate.

SC DEPARTMENT OF CORRECTIONS  
4444 Broad River Road  
PO Box 21787  
Columbia, SC 29221-1787

SC DEPARTMENT OF PROBATION  
Pardon & Parole Services  
PO Box 50666  
Columbia, SC 29205

SC OFFICE OF ATTORNEY GENERAL  
1000 Assembly Street  
PO Box 11549  
Columbia, SC 29211

**PLEASE DO NOT RETURN THIS FORM TO THE AGENCIES LISTED ABOVE**

**RETURN TO: Office of the 16<sup>th</sup> Judicial Circuit Solicitor**

**Victim/Witness Program, Moss Justice Center, 1675-1B York Highway, York, SC 29745**