

VICTIM IMPACT STATEMENT

Please return this completed form, along with a Restitution Request Form (if applicable) to:

Bossier Parish Office
26th Judicial District Attorney's Office
Attn: Victim Assistance Coordinator
P.O. Box 69
Benton, LA 71006
Email: rreeves@26thda.org

Webster Parish Office
26th Judicial District Attorney's Office
Attn: Victim Assistance Coordinator
P.O. Box 758
Minden, LA 71058
Email: eward@26thda.org

Victim's Name: _____

Victim's Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Cell: _____ Home: _____ Work: _____

**** IF THE VICTIM IS DECEASED OR A JUVENILE PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Guardian/Family Contact: _____ Relation to the Victim: _____

Victim's Date of Birth: _____ Victim's Social Security Number: _____

Defendant's Name: _____

1. LIST OF CRIME(S) OF WHICH YOU ARE THE VICTIM: _____

2. LIST ANY PHYSICAL INJURIES SUFFERED AS A RESULT OF THE ABOVE CRIME(S):

3. LIST ANY ECONOMIC LOSS SUFFERED AS A RESULT OF THE ABOVE CRIME(S):

4. DESCRIBE ANY CHANGE IN PERSONAL WELFARE OR FAMILY RELATIONSHIPS AS A RESULT OF THE ABOVE CRIME(S): _____

5. LIST ANY REQUEST FOR PSYCHOLOGICAL OR CONSELING SERVICES INITIATED AS A RESULT OF THE ABOVE CRIME(S): _____

6. LIST ANY OTHER RELEVANT INFORMATION IN REGARD TO THE ABOVE CRIME(S):

SIGNATURE OF VICTIM

DATE

FOR OFFICIAL OFFICE USE ONLY

DEFENDANT'S NAME: _____ DATE RECEIVED: _____

DOCKET NUMBER: _____ ADA REVIEWED: _____