



VICTIM IMPACT STATEMENT

Victims Name: _____

Defendant: _____

DA Case No.: _____

In order that the court can determine the economic, physical and/or psychological effects of the crime committed against you, the Portage County Victim/Witness Assistance Program has provided this form for you to explain what the impact of this crime has had on you (please feel free to attach additional pages if needed).

If the defendant is found guilty or pleads guilty, do you have an opinion as to the length of sentence and conditions of supervision (example: restitution, no-contact order, counseling, probation, et cetera). The information provided in this statement shall be considered by the Court when deciding on a proper sentence, if the defendant is convicted. Please note that the defendant, the defense attorney, our prosecutor and the Judge will see this statement.

The return of this statement is optional. If you wish to complete, please return you completed Victim Impact Statement to our office prior to the Pleas/Sentencing. You may mail your statement to:

District Attorney's Office
Victim/Witness Assistance Program
1516 Church Street
Stevens Point, WI 54481

Should you have any questions or require additional information please feel free to contact the Victim/Witness Assistance Program at 715-346-1300.

Signature _____ Date _____