



South Carolina Attorney General Victim Impact Statement

Case: State v. _____

Please complete both sides of the attached Victim Impact Statement and return it in the envelope provided within two weeks.

The Victim Impact Statement is designed to reflect the impact the crime has had on you or your family. The statement will become part of the Court record and will follow the defendant through the criminal justice system. If you indicate on the statement your desire for notifications of post-trial matters, the statement will be forwarded to the appropriate agencies to ensure future notifications.

Thank you for taking time to complete this form. Your information is valuable throughout the criminal justice process. Please retain this information sheet for your records.

PLEASE NOTE:

It is your responsibility to notify our Office of any changes in your contact information.

The South Carolina Attorney General
Victim Services Division
P.O. Box 11549
Columbia, SC 29211
(800) 213-5652

Once the case is completed, it is your responsibility to notify the following appropriate agencies of any changes in your contact information:

The South Carolina Department of Corrections
Victim Services Division
P.O. Box 217787
Columbia, SC 29221
(800) 835-0304

The South Carolina Department of Probation, Parole, & Pardon Services
Victim Services Division
P.O. Box 50666
Columbia, SC 29205
(888) 551-4118

Please retain this sheet for your records



South Carolina Attorney General Victim Impact Statement

CASE INFORMATION

Case: State v. _____

Charge: _____

Warrant: _____ Indictment: _____

VICTIM INFORMATION

Victim Name: _____ M F

Contact Person: _____ Relationship: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Other phone: _____

E-mail Address: _____

NOTIFICATION REQUEST

Please check one of the following three statements:

- I absolutely want to be present for a guilty plea or other proceeding concerning this case.
- I would like to be present if it is convenient, but this is not absolutely necessary.
- I will come if I am needed, but do not care to be present otherwise.

Please check one of the following statements:

- I would like to be notified by the appropriate agencies of all post-trial proceedings involving the offender including, but not limited to appeals, probation, parole, etc.
- I do not want to be notified about post-trial proceedings involving the offender.

Please turn to the back of this form and complete accordingly

CRIME IMPACT

Please answer the following questions as appropriate to your case: (use an additional sheet if needed)

If and how has the crime affected you? (financially, mentally, physically, etc.)

Have you noticed any change in yourself since this happened? This might include changes in your personal habits, the way you deal with others, or the amount of tension or nervousness you feel.

Describe any physical injuries you suffered and medical treatment received as a result of the crime.

Have you received any counseling or psychological services because of the crime?

Did you suffer monetary loss due to the crime? If so, please summarize the loss below.

Medical Expenses: _____

Counseling: _____

Lost Wages: _____

Property Loss: _____

Funeral Expenses: _____

Other: _____

Did you recover any monetary loss? If so summarize below:

Recovery from insurance: _____

Victim Compensation (SOVA): _____

SIGNATURE REQUIRED

Thank you for taking time to complete this impact statement. Please sign indicating the statement was given truthfully and voluntarily:

Name of Victim / Contact person

Date