

Victim Impact Statement

This statement is submitted to the judge for his review prior to sentencing. It is one of the tools the judge may use to help decide whether to sentence the defendant to imprisonment or to probation. This statement is very important, so please take a moment to complete this form. If you have any questions or need assistance completing this form, please feel free to contact me, Shelley Byrne, your victim's advocate, at 270-575-7402. **The defendant may see pages 2 and 3 of this statement, but he/she will not receive any of the contact information on this page.** If the defendant is sentenced to imprisonment, your contact information will be forwarded to the Kentucky Parole Board for future notifications concerning this case.

If the defendant is sentenced to imprisonment, you have the right to meet with the parole board for a victim hearing prior to the board considering whether to allow the defendant to be paroled. (The hearing is held in Frankfort and the inmate will not be present.) If you have questions about scheduling a meeting, call the Department of Corrections: Victim Services at 1-800-221-5991.

You may also request to be notified of an inmate's release from prison by filling out a Notice of Release Request. The forms are available at <http://corrections.ky.gov/victimservices/Pages/OfficeofVictimServices.aspx>

CONTACT INFORMATION

Defendant: _____ Indictment # _____

County of Indictment: McCracken

Victim(s): _____

Your name: _____

Address: _____

Phone:(Home) _____ (Work) _____ (Cell) _____

E-mail: _____

Date Submitted: _____

This victim impact statement should be returned to:
McCracken County Commonwealth Attorney's Office
Attn: Shelley Byrne
301 S. Sixth St.
Paducah, KY 42003-1794

Please return by _____ in order to give the judge sufficient time to review it prior to sentencing the defendant.

VICTIM IMPACT STATEMENT

Defendant: _____ Indictment # _____

County of Indictment: McCracken Sentencing date: _____

Charges: _____

This form was completed by: _____

If not the victim, relationship to victim: _____

1. If the crime resulted in death of physical injury, please describe the cause of death or extent of the injuries and the medical treatment involved.

2. If the crime resulted in a death, were you or any members of your family financially responsible for funeral expenses and/or medical expenses of the victim? Please explain.

3. Did this crime result in any damage, loss or destruction of property? Please explain.

4. What emotional or psychological impact or remaining effects has the crime had upon you, the victim, and/or other family members?

5. Since the crime occurred, have you or any family member received or needed professional counseling or treatment?

(Continued on next page)

6. Has being a crime victim affected your employment or lifestyle? If yes, explain.

7. What is your recommendation for an appropriate sentence for the defendant?

8. Would you oppose probation? (check one) Yes _____ No _____

9. Is receiving any restitution you may be due more important to you than the defendant going to jail or prison? (check one) Yes _____ No _____

10. Please provide any additional comments here. You may include additional pages if you feel you need to do so.

Print Name:

Sign:

Date: _____