

VICTIM IMPACT STATEMENT

Defendant: _____ **Indictment #** _____

Charge(s): _____

Victim: _____

Submitted by (your name): _____

Your relationship to the victim: _____

Sentencing Date: _____

To assist the Court in its effort to weigh all factors prior to imposing sentence, and to assist the Parole Board in determining matters regarding parole, we request your voluntary cooperation in completing this form. This statement is intended to be submitted by the Commonwealth's Attorney's Office to the Court and to the Parole Board.

- 1. Please describe the emotional impact that the death of the victim has had upon you and your family:

- 2. Have you or any members of your family received professional counseling or been in contact with a helping agency since the crime occurred: Yes No
Comments: _____

Victim Contact Information Sheet

Do you wish to appear before the Parole Board for a Victim's Hearing?

YES _____ NO _____

Do you wish to be notified of the Board's decision on the defendant's parole review?

YES _____ NO _____

Name: _____

Permanent Address: _____

Phone Numbers: _____

Email Address: _____

Please list the contact information of someone who will always know how to get in touch with you:

Name _____

Address _____

Address _____

Address _____

Phone _____

Phone _____

Email _____

The information on this page is for notification purposes to be used by the Kentucky Parole Board and for the Pre-Sentence Investigation by Probation and Parole.

*******This page will not be submitted to the court*******