## **VICTIM IMPACT STATEMENT**

Defen	ndant: Indictment#:
Charg	ge(s):
Victin	m(s):
Subm	nitted by (your name):
	relationship to the victim:
Sente	encing Date:
Board form.	sist the Court in its effort to weigh all factors prior to imposing sentence, and to assist the Parole I in determining matters regarding parole, we request your voluntary cooperation in completing this This statement is intended to be submitted by the Commonwealth's Attorney's Office to the Court of the Parole Board. A copy is provided to the Judge, the Defense attorney and the Office of Probation arole.
medic	e save all records necessary to support the injuries and losses described below. This will include cal bills, official records of days lost from employment, and estimates of the value of stolen or damaged erty, and any receipts for the replacement of lost or stolen property.
	*************
1.	Was there any damage, loss or destruction of property? Yes No If so, please describe and list the items damaged or lost and indicate their value:
2.	Did the crime result in physical injury? Yes No  If yes, please describe the injury sustained:
	Was medical attention required? Yes No If yes, please describe the nature of the treatment received and list the medical expenses incurred:
	Were any of the above expenses covered by insurance?

ŀ	Have you experienced emotional problems as a result of the crime?
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Ī	If yes, please explain the psychological impact this crime has had upon you or your family:
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_	
	Has the victimization affected your employment? Yes No If yes, please explain:
	Has the crime in any way affected you or your family's lifestyle? Yes No If yes, please explain:
-	
_	
-	Additional comments:
-	
-	
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-	
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-	

Please return to: Commonwealth Attorney's Office 116 N Upper Street, Suite 300 Lexington, KY 40507

## **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:				
N	Jame			
A	address			
	address			
A	address			
P	hone			
P	hone			
Е	mail			
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\*\*\*\*\*\*\*