

**SUTTER COUNTY DISTRICT ATTORNEY
VICTIM IMPACT STATEMENT**

(Please use an additional sheet of paper if more space is needed)

DEFENDANT INFORMATION

NAME:	DA #:	Crime Report #:	Type of
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VICTIM INFORMATION

NAME:			
ADDRESS:	HOME PHONE:	WORK PHONE:	
V/W STAFF: Stephanie Cooper	DATE OF REQUEST:		

I. EMOTIONAL/PHYSICAL IMPACT

(How has this affected you and your family -- physically and emotionally -- list any injuries or continuing problems)

II. FINANCIAL IMPACT

(List any personal property loss, medical expenses -- current and future -- counseling expenses, funeral/burial expenses, lost wages/income loss, and any other expenses incurred as a result of being victimized)

III. SENTENCING RECOMMENDATION

(Discuss what sentence you would like to see the judge impose on the defendant -- jail time, counseling, restitution, no contact order -- and any other information you want the judge to know)

Victim Signature:

Date:

Please mail/submit to:
Sutter County District Attorney's Office
Victim/Witness Assistance Program
P.O. Box 1555, Yuba City, CA 95992-1555