

VICTIM'S NAME: _____

OFFENDER'S NAME: _____

DATE OF SENTENCE: _____

CHARGE(S): _____ COURT FILE #: _____

As the victim of an offence, please describe the following. Should you need additional space to write, please use the back of this form or attach additional sheets:

1. PHYSICAL INJURIES: *Any physical injuries you suffered as a result of the offence, any treatment that was received or that will be required in the future to treat your injuries.*

2. EMOTIONAL INJURIES: *Describe your emotional reaction to the offence that was committed, how it has affected you personally, your family, or changes it has made in your lifestyle.*

3. PROPERTY LOSS: *List any loss or damage to your property as a result of this crime. If available please attach copies of bills or estimates for repairs. Indicate any insurance settlement.*

4. FINANCIAL: *Indicate any financial loss you have suffered as a result of this incident. For example, expenses not covered by insurance - medical, income loss, counselling, etc.*

5. COMMENTS: *Provide any comments you feel are relevant to the impact of the crime.*

Signature: _____ Date: _____

If you are completing and signing this statement on behalf of the victim, please indicate why, and your relationship to the victim.

I hereby give my permission for this completed victim impact statement to be given to the National Parole Board or territorial Community Corrections Branch. Yes No Signature: _____