

# Manitoba Victim Impact Statement Form

**When completed please forward to the Crown attorney's office.**

Name of victim: \_\_\_\_\_

Police Incident Number: \_\_\_\_\_

Date of Offence: \_\_\_\_\_

Police agency the incident was reported to: \_\_\_\_\_

Charges (if known): \_\_\_\_\_

Name of offender (if known): \_\_\_\_\_

Town, city or community where the incident occurred: \_\_\_\_\_

Relationship to the offender (if any): \_\_\_\_\_

---

You can ask to read your statement in court. If you would like to do so, please check the following box:

**I wish to read my statement aloud in court.**

**Please Note:** The court will be informed if you wish to read your Victim Impact Statement in court; however, if you are not present at the hearing, sentencing will proceed.

---

**If you are not the direct victim, please indicate why you have completed this statement and your relationship to the victim.**

Name: \_\_\_\_\_

Relationship to the victim: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

## PLEASE COMPLETE THE FOLLOWING SECTIONS

(Please print or write clearly. If you need more space, please attach additional pages.)

### 1. Emotional Impact:

Please describe how the crime has affected you emotionally.

Consider the effect of the crime on your life. For example:

- emotions, feelings and reactions
- spiritual feelings
- lifestyle and activities
- relations with your partner, spouse, friends, family or colleagues
- ability to work, study or attend school
- counselling or therapy provided

---

---

---

---

---

### 2. Physical Impact:

Please describe any physical injuries or disabilities that you suffered because of the crime. For example:

- pain, hospitalization, surgery you have experienced because of the crime
- treatment, physiotherapy and/or medication you have received
- ongoing physical pain, discomfort, illness, scarring, disfigurement or physical restriction
- need for further treatment, or expectation that you will receive further treatment
- permanent or long-term disability

---

---

---

---

---

---

### 3. Financial Impact:

Please describe any financial or property losses that resulted from the crime.  
For example:

- the value of any property that was lost or destroyed and the cost of repairs or replacement
- insurance coverage and the amount of the deductible you paid
- financial loss due to missed time from work
- the cost of medical expenses, therapy or counselling
- any costs not covered by insurance

---

---

---

---

---

---

---

---

This is not an application for financial compensation or restitution. If you wish to inquire about compensation, contact the Compensation for Victims of Crime Program at (204) 945-0899 (Winnipeg) or toll free: 1-800-262-9344.

### 4. Other Comments or Concerns:

Please describe any other concerns that have arisen as a result of the crime.  
For example:

- other ways your life has changed because of the crime
- how you feel about contact with the offender

---

---

---

---

---

---

---

---

**IMPORTANT:**

When you submit your Victim Impact Statement to the Crown attorney, your statement will be disclosed. This means a copy of your statement will be forwarded to the offender and/or the offender's lawyer.

The statements that I have made above are true to the best of my knowledge. I understand that this information will be submitted to the offender or the offender's lawyer and may be submitted to the court if there is a sentencing hearing. I understand that I may be called upon to testify in court if any information in this Victim Impact Statement is questioned. I also understand that if this statement is filed in open court, it becomes a public document and discussions around the content of the statement may be presented and recorded on the court record. I am submitting this statement voluntarily.

**Signature of Victim:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete the following if translation services were provided in the preparation of this statement:**

I did faithfully and to the best of my ability translate and interpret in the \_\_\_\_\_ language, the contents of this Victim Impact Statement to the victim named herein, who indicated an understanding of the said contents.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Note:** Community and Youth Correctional Services may use your Victim Impact Statement when writing Pre-Sentence Reports, or for other case management purposes. Pre-Sentence Reports are used by the judge when deciding an appropriate sentence for the offender.

**Notice about personal information and personal health information.**

The personal information and personal health information on this form is collected by the Prosecutions Branch of Manitoba Justice under the authority of the *Criminal Code* (Canada) and *The Victims' Bill of Rights* of Manitoba. It will be used and disclosed as stated on this form.

Your personal information and personal health information are protected by *The Freedom of Information and Protection of Privacy Act* (FIPPA) of Manitoba and *The Personal Health Information Act* (PHIA) of Manitoba. We cannot use your information for any other purpose without your consent, unless the law permits it or requires it. We cannot share your information outside Manitoba Justice without your consent, unless the law permits or requires this.

**If you have any questions or concerns about your Victim Impact Statement, contact a Crime Victim Services Worker or a Crown attorney at the number(s) provided on the Personal Information Sheet.**