

VICTIM IMPACT STATEMENT**211.171 RSMo**

If you need more space to answer any of the following questions, please feel free to use as much additional paper as you need.

Your Name _____

Victim's Name (if different) _____

Juvenile Offender's Name(s) _____

- 1. What facts, if any, related to the victim's case, do you wish the Court to know that may not have been disclosed?**

2. What personal injuries has the victim suffered as a result of this crime? (Personal injuries may include physical, mental and/or emotional damage or trauma suffered by the victim.)

3. What financial loss or losses has the victim incurred? (Such losses may include loss of income, medical expenses, loss of property, expenses incurred for counseling or therapy, and any other financial loss suffered by the custodian on behalf of a child victim.)