

HUNTERDON COUNTY PROSECUTOR'S OFFICE
VICTIM IMPACT - INFORMATION FORM

This Victim Impact Information Form and Victim Impact Statement are ways for you to participate in the prosecution and sentencing of the offender. Please answer the questions that apply to your situation. If you need more space, you may use additional sheets of paper. Please print neatly or type.

Prosecutor File # (found on the cover letter): _____ Defendant Name: _____

Your Name: _____ Your address: _____

Home Phone Number: _____ Cell Phone: _____ Email: _____

1.) If you were hurt during the incident, please describe your injuries: _____

2.) Did you need medical treatment or mental health services because of the incident? YES or NO
 If so, where were you treated _____
 Dates of treatment _____

3.) Do you have medical insurance that will help you with the cost? YES or NO
 If so, what is your deductible or co-pay \$ _____ Name of Insurance Carrier _____
 Did you pay the deductible, if so how much and to who _____ \$ _____
 To date, how much out of pocket expenses have you paid \$ _____

4.) Did you have property damaged or stolen in this incident? YES or NO

Item	Date of purchase	Purchase price	Current value

5.) Do you have property or vehicle insurance that covers any of the cost of stolen or damaged property? YES or NO
 If yes, please indicate any expenses that are **not** covered by your insurance, such as your insurance deductible.
 \$ _____

6.) Do you need help in filing a claim with the *Victims of Crime Compensation Board* for assistance with the costs of medical services, counseling, funeral expenses or lost wages? YES or NO

7.) Do you need interpreting services or other special assistance to help you give a statement or testify? If yes, what type of assistance? Please be specific: _____

8.) Would you like help finding a counselor or support group for crime victims? YES or NO

9.) Do you want the judge to order restitution? YES or NO
 If yes, how much? \$ _____

****RESTITUTION IS MONEY THAT THE OFFENDER IS ORDERED TO PAY YOU FOR THE MONETARY LOSSES YOU INCURRED AS A DIRECT RESULT OF THE CRIME. YOU HAVE THE RIGHT TO ASK FOR A RESTITUTION ORDER.****

In order for the judge to consider restitution, you must attach copies of bills, receipts or estimates of medical costs, counseling expenses, stolen or damaged property. If you do not know these expenses yet, please send in the form now and the proof of the expenses as soon as you receive them. If you do not follow these guidelines you may give up your right to request any compensation for your financial loss. In addition, please be advised that there is no guarantee that the amount of restitution requested is the amount the judge will order.

The above statements are true: _____

Date: _____

Signature

Victim Impact Statement

Prosecutor File#: _____

Your Name: _____

In the space below, please write about how you and your family were affected by this incident. Please do not talk about the facts of the case or anything you might think of as testimony. The Judge and the Prosecutor would like to know:

- a.) your feelings about the incident**
- b.) how your life is different because of the incident**
- c.) what you think the defendant’s sentence should be**

**Please return this form and all documents within
Ten (10) business days to:**
Holly Hoff
Victim Witness Coordinator
Office of Victim-Witness Advocacy
Hunterdon County Prosecutor’s Office
Post Office Box 756
Flemington, New Jersey 08822
908-788-1404 (FAX)

If you have any questions, please call the County Office of Victim-Witness Advocacy
at (908) 788-1403.

IMPORTANT: COURT RULES REQUIRE THE PROSECUTOR’S OFFICE TO GIVE A COPY OF THIS PAPERWORK TO THE DEFENSE ATTORNEY.