

**Victim Impact Statement: For use at Sentencing**

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**IN THE TWENTY FIFTH JUDICIAL DISTRICT  
IN THE DISTRICT COURT OF SCOTT COUNTY, KANSAS**

**STATE OF KANSAS,**

Plaintiff,

vs.

**Case No.** \_\_\_\_\_

\_\_\_\_\_

Defendant.

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

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

Relationship to Victim: \_\_\_\_\_

**NOTE: The following questions are voluntary. This form will be submitted to the court and can be viewed by the defendant/defendant's attorney. Please feel free to attach a separate sheet of paper if needed.**

**Emotional Effects:**

Please describe any information you would like the court to know about the impact of this crime on your life, such as changes in lifestyle or relationships, sleep habits, feelings of safety or security, your ability to enjoy activities or perform your work.

**Financial Effects:**

Please describe any property loss or property damage or other costs. What the cost has been to you and how it has affected your life.

**Physical Effects:**

Please describe any physical or medical damage done by this crime, and how it has affected your life.

**Check your suggested appropriate punishment for the defendant. (You may indicate more than one)**

- jail    fine    probation    community service    pay back money for harm done    drug and alcohol treatment  
 mental health treatment    diversion    nothing    other: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
Date