



OFFICE OF
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VICTIM IMPACT STATEMENT

Defendant(s):

Indictment/Case Number:
Division:

Prosecutor:

Charge(s):

Date of Sentencing:

Time of Sentencing:

Date submitted: _____ Submitted by: _____

Your prompt cooperation in completing and returning this form is important. This statement will be made available to the court and the Parole Board so that your comments and concerns can be considered by the Judge and/or the Parole Board members prior to the imposition of sentence or release from the penitentiary.

Restitution may be ordered as a part of the disposition in settling this case or as a condition of parole. It will be necessary for you to provide to the prosecutor copies of all records necessary to support the injuries and losses described below.

1. Has this crime had a psychological impact on you? _____

If yes, please explain: _____

2. Has this crime effected your employment? _____

If yes, please explain: _____

3. Has this crime effected the lifestyle of you or your family? _____

If yes, please explain: _____

4. Has this crime resulted in any damage, loss or destruction of property? _____

If so, please list and indicate the value of the property: _____

Were any of the items recovered? _____

Were any of these items covered by insurance? _____

5. Did the crime result in physical injury?

If yes, please describe the injury sustained: _____

Was medical attention required?

If yes, please describe the nature of the treatment as well as the expenses incurred: _____

Were any of the above expenses covered by insurance? _____

If so, how much? _____

6. If you have any additional information please feel free to attach it to this form. (ie; Recommended sentence)

(Revised 1/13/21)