

Date to Victim \_\_\_\_\_

CLINTON COUNTY  
VICTIM IMPACT STATEMENT

All victims of crime suffer one way or another. Please complete this form so we can notify the judge at sentencing how the impact of this crime has affected your life. (Please print)

DEFENDANT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

CO-DEFENDANTS(S): \_\_\_\_\_

CHARGES(S): \_\_\_\_\_

DATE OF OFFENSE: \_\_\_\_\_

VICTIM NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

TELEPHONE: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**(PLEASE IMMEDIATELY ADVISE THE VICTIM/WITNESS/ PROSECUTORS OFFICE OF ANY MAILING ADDRESS CHANGES. SUBPOENAS SENT TO BAD ADDRESSES MAY RESULT IN DISMISSAL OF THE CASE)**

Please state what impact this crime has had on you or your family: (use other side if needed)

\_\_\_\_\_

Were you injured? (Describe) \_\_\_\_\_

Was your life or physical well-being threatened? (Describe) \_\_\_\_\_

Do you have suggestions as to the appropriate punishment for the defendant? \_\_\_\_\_

**RESTITUTION CLAIM**

WHAT IS THE NATURE OF YOUR CLAIM? (Check if applicable)

Medical Expenses: \$ \_\_\_\_\_ Missing Items: \$ \_\_\_\_\_

Damaged Items: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

LIST TOTAL VALUE OF LOSS: \$ \_\_\_\_\_

TOTAL COVERED BY INSURANCE: \$ \_\_\_\_\_

**(Please attach copies of any written bills receipts, estimates, photos, etc.)**

**IMPORTANT:** If you would like to be notified of court proceedings in this case, please mark the appropriate box below. The Missouri Constitution and Section 595.209 of the Revised Statutes of Missouri give you the right to be informed of, and heard at, guilty pleas, bail hearings, sentencing and probation revocation hearings, UPON YOUR WRITTEN REQUEST, for any crime. Checking the box below and signing your name will serve as your written request to be notified of all such hearings. *Please note that failure to return this form may result in no notification or restitution being ordered.* Should you wish to request notification of hearings immediately upon receiving this form, but are not prepared to provide all the restitution and or victim impact information, please return the form promptly with the appropriate box checked and your signature with a note indicating you will provide the rest of the requested information at a later date.

Yes, I would like to be notified of court proceedings pertaining to this case. \_\_\_\_\_

No, I do not request notification of court proceedings pertaining to this case. \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Victim Signature

**PLEASE MAIL COMPLETE STATEMENT TO:  
CLINTON COUNTY PROSECUTORS OFFICE  
PO BOX 285  
PLATTSBURG MO 64477**