





# VICTIM IMPACT STATEMENT

SUPPLEMENTAL INFORMATION FORM

Victim's Name	Defendant's Name	Case No.
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List the crime(s) the defendant has been charged with:

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List any physical injuries you have suffered as a result of the above crime(s):

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List any property damaged or destroyed as a result of the above crime(s):

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List any economic losses you have suffered as a result of the above crime(s):

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Describe any change in your personal welfare or family relationships as a result of the above crime(s):

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List any requests for psychological or counseling services initiated as a result of the above crime(s):

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PLEASE RETURN BOTH OF THESE COMPLETED FORMS, ALONG WITH DOCUMENTATION REGARDING ANY EXPENSES INCURRED AS A RESULT OF THE ABOVE CRIME(S), TO THE FOLLOWING ADDRESS:

**VICTIM ASSISTANCE PROGRAM  
ST. LANDRY PARISH DISTRICT ATTORNEY  
P O DRAWER 1968  
OPELOUSAS, LA 70571**

SIGNATURE OF VICTIM	MONTH	DAY	YEAR
	DATE		

If this statement was completed by someone other than the victim, please complete the following:

Name	Relationship to Victim
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