

V/W Specialist \_\_\_\_\_

**VICTIM/WITNESS SERVICES**  
Milwaukee County District Attorney's Office  
821 W. State Street  
Milwaukee, Wisconsin 53233  
**CRIME VICTIM IMPACT STATEMENT** 4708 R2

Victim's Name \_\_\_\_\_

Sentencing Date, if known \_\_\_\_\_

Case Number \_\_\_\_\_

State vs. \_\_\_\_\_

**A CRIME VICTIM IMPACT STATEMENT is presented at sentencing and is your opportunity to discuss the effects that this crime has had on you. This Victim Impact Statement will be shared with the judge, the District Attorney's Office, the defendant and his/her attorney. The following questions are a guide to help you prepare your statement.**

Were you affected physically or emotionally as a result of this crime? (i.e. injuries, stress, etc.) Please describe.

---

---

---

Were you affected financially? (i.e. property loss or damage, medical expenses, etc.) Please describe.

---

---

---

---

Has being a victim of this crime affected your everyday life? What about others in your life? Please explain.

---

---

---

---

If the defendant is found guilty or pleads guilty, do you have an opinion as to the conditions of his/her sentence such as: restitution, a No Contact Order, length of incarceration, probation, counseling, community service, etc.?

---

---

---

---

**Feel free to use additional space if necessary. Please return this form as soon as possible to the address above.**

Victim's Signature \_\_\_\_\_

Date \_\_\_\_\_