## Mercer County Prosecutor's Office Victim Impact Information Form

Prosecutor's File # (found on cover letter)	Defendant's Name:
Your Name:	Indictment #:
prosecution and sentencing of the offender. <u>Ins</u>	<i>Impact Statement</i> are ways for you to participate in the <u>tructions</u> : Please answer the questions that apply to e additional sheets of paper. Please print neatly or type.
(2) Did you need medical treatment or mental health serv	vices because of the incident?
(3) Do you have medical insurance that will help you wi If yes, how much will or did you have to pay of How much has your insurance paid so far? \$	your own money?\$
(5) Do you have property insurance that will help with the If yes, how much will or did you have to pay of	ne cost? YES or NO your own money?
(6) Have you missed work or school because of the incident of	
(7) Do you need help in filing a claim with the Victims of medical services, counseling funeral expenses of	of Crime Compensation Board for assistance with the costs of r lost wages? YES or NO
(8) Do you want the judge to order restitution? YES (Restitution is money that the offender must pay for a restitution order.	OR NO If yes, how much
	<u>must</u> attach copies of bills, receipts or estimates of medical nd lost wages. If you do not know these expenses yet, please them.
(9) Do you need interpreting services or other special ass If yes, what type of assistant? Please be specific	
(10) Would you like help finding a counselor or support	group for crime victims?
IMPORTANT: Court rules require the prosecutor's off The above statements are true:	
The above statements are true:  Please sign	Date

## Victim Impact Statement

Prosecutor's File #:	Defendant's Name:
Your Name:	
	e about how you and your family were affected by this incident. Please do case or anything you might think of as testimony. The judge and the
	<ul><li>a. your feelings about the incident</li><li>b. how your life is different because of the incident</li></ul>
	c. what you think the defendant's sentence should be

Please return this form and all documents within 5 business days to:
 Victim-Witness Coordinator
 Office of the Victim-Witness Advocacy
 Mercer County Prosecutor's Office
 P.O. Box 8068
 Trenton NJ 08650-0068
 Fax# (609) 278-2707