

## Victim Impact Statement

**Please fax or mail form to:** Salt Lake Peer Court  
645 South 200 East, #101  
SLC, UT 84111

Fax: 322-4498 Phone: 322-1815

Name of Victim: \_\_\_\_\_ (Please print)

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_

### PLEASE CHECK ONE OR MORE OF THE FOLLOWING:

\_\_\_\_\_ I wish to participate in a mediated meeting with the offender (conducted by an adult and a youth mediator).  
The purpose of the meeting is to allow both parties to communicate about the issues concerning this offense,  
with the hope that a resolution would prevent any further occurrences.

\_\_\_\_\_ I would like to be present for the court hearing. I may choose to speak and/or provide a written Impact  
Statement.

\_\_\_\_\_ I will not be present for the Court proceedings. However, I would like my Victim Impact Statement provided to  
the Peer Court panel.

\_\_\_\_\_ I do not wish to be present for the Court proceedings, and I do not wish to make a statement.

Would you like to be notified about the outcome? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, how would you prefer to be contacted? \_\_\_\_\_mail \_\_\_\_\_phone \_\_\_\_\_email

**The Victim Impact Statement allows you the opportunity to provide information concerning this offense's  
impact on you or others. Please consider the following questions when writing your statement:**

1. Have any changes occurred in your life as a result of this incident?
2. How did this offense affect you? Your family? Your school?
3. Are there any lasting effects of this incident still being experienced by you or other members of your family?
4. Do you have an opinion regarding the consequences that Peer Court could impose?

\*\*Use the remainder of this sheet to write your statement. Attach an additional sheet of paper if needed.

### **VICTIM IMPACT STATEMENT**

I would like my comments to be read by: \_\_\_\_\_ the Peer Court panel **only** 9 \_\_\_\_\_ by the panel **and** to the offender 9

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person completing this form and/or victim

Date

Dear

Salt Lake Peer Court received a referral from \_\_\_\_\_

For a case involving the offense of \_\_\_\_\_

which listed you as the victim in this case. The enclosed form(s) allow you the opportunity to provide information to Salt Lake Peer Court concerning the impact this offense had, and to express to Peer Court your feelings regarding sentencing. If you wish to participate, you will need to fill out the appropriate inclosed form(s) and mail or fax them to the Peer Court office by \_\_\_\_\_  
\_\_\_\_\_. If you wish to attend the Peer Court hearing or have any questions, please call the office at 801-322-1815.

Sincerely,

## RESTITUTION STATEMENT

### PLEASE CHECK:

\_\_\_\_\_ I am **NOT** seeking restitution in this case. (If this statement is checked, it is not necessary to complete this section.)

\_\_\_\_\_ I **AM** seeking restitution in this case. (Please complete the following section.)

### MEDICAL INFORMATION

Please attach copies of any medical bills incurred as a result of this offense.  
Do you anticipate any additional medical bills? If so, please list.

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### INSURANCE INFORMATION

Have you filed a claim with any insurance company in order to recover losses incurred as a result of this offense?

Yes\_\_\_ No\_\_\_

If yes, please list the name of the insurance company: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

Insurance Company's Address: \_\_\_\_\_

Insurance Company's Phone Number: \_\_\_\_\_

Your Deductible: \_\_\_\_\_

Has this insurance company paid your claim? Yes\_\_\_ No\_\_\_

### LOST WAGES

Did you incur lost wages as a result of this offense? Yes\_\_\_ No\_\_\_

If yes, name employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Employer's phone number: \_\_\_\_\_

Amount of lost wages: \_\_\_\_\_

### PROPERTY LOSS AND DAMAGE

ITEM	PURCHASE DATE	PURCHASE PRICE	FAIR MARKET ESTIMATE	DAMAGE
1.				
2.				
3.				

**TOTAL AMOUNT OF PROPERTY LOSS AND/OR DAMAGE** \$ \_\_\_\_\_

**TOTAL AMOUNT OF RESTITUTION YOU ARE SEEKING** \$ \_\_\_\_\_