Please return this formby **\_\_\_\_\_\_\_\_\_\_\_** in order for your Victim Impact Statement to be considered by the Diversion Board. **If you wish to participate in the Court Diversion Review Board meeting, call 802-752-2092 by \_\_\_\_\_\_\_\_\_\_\_.**

One of the primary goals of the Court Diversion program is to ensure that you, the victim, are fully represented in the process. Victim representation can be achieved by your attendance at the Review Board meeting, your input to this questionnaire, or direct contact with the case manager. How you chose to participate is completely up to you.

**Please take a few moments to complete this impact statement**. Completing this form is voluntary. This form is to assist you in providing information to the Court Diversion Program about what has happened to you and how you have been affected by this crime/act. You can fill in this form or use it as a guide for writing your own statement. You do not have to use this form. Complete only the sections that apply to you. **You do not have to complete every section**. This form is a starting point and if you have additional information please attach it.

|  |
| --- |
| **Please briefly describe what happened**This may include information about how you were affected by the incident, how did you feel at the time it happened, was there anyone else affected (if yes, please tell us how). |
|  |

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| --- |
|  **Physical injury suffered as a result of the crime**This may include information about the type of injuries received, subsequent treatment, and ongoing physical effects. |
|  |
|  |
| **Financial loss suffered as a result of the crime**This may include loss of income or other expenses incurred as a result of the crime. |
|  |
|  |
| **Property damage or loss suffered as a result of the crime** This may include damage to clothing, glasses, tools, your home or loss of property, which has not been recovered. |
|  |

Total estimated loss $ \_\_\_

***(Please enclose documentation e.g. copies of all estimates/receipts in order for restitution to be considered.)***

Insurance deductible: $\_\_\_\_\_\_\_\_\_

***(Please enclose documentation e.g. name of insurance company, agent, and policy and claim numbers.)***

|  |
| --- |
| **Emotional trauma suffered as a result of the crime**This may include psychological or emotional trauma and effects on your sense of well-being and enjoyment of life. |
|  |
|   |
| **Other relevant information**This may include information such as how your life has changed as a result of the crime, and other information you feel is important to convey to the Review Board but has not been included in the other sections. |
|  |
|   |
| **Suggested Recommendations**Include here what you feel would be appropriate for the offender to do in order to make amends to you and the community Suggested recommendations may include, apology, restitution and community service, etc. |
|  |

**\*\*If you do not wish to attend the Review Board Meeting, are there any questions of the offender that you would like to have answered? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_**

**If “Yes”, please list them here:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***I hereby certify that the statements made above to be true and correct.***

  *Signature Date*

**⬜ I would like to actively participate and attend the scheduled Panel Hearing.**

**⬜ I will not attend the Panel Hearing but would like to be informed about this case.**

Name Email

Street Address or PO Box City, State and Zip

Daytime Phone

**Please return** this completed form by \_\_\_\_\_\_\_\_\_\_\_ to:

Franklin grand isle restorative justice center

120 north main street

St. Albans, VT 05478

**Rhonda L. Somers-Fletcher**

*rhonda@fgirjc.org* (802) 752-2092 or (802) 524-7006