

Somerset County Prosecutor's Office Victim Impact Information Form

Prosecutor's File #: _____ Juvenile's Name: _____
Your Name: _____

If you are not the victim, how are you related to the victim? _____

This *Victim Impact Information Form* and *Victim Impact Statement* are ways for you to participate in the prosecution and disposition of the juvenile. **Instructions:** Please answer the questions that apply to your situation. If you need more space, you may use additional sheets of paper. Please print neatly or type.

(1) If you were hurt during the incident, please describe your injuries:

(2) Did you need medical treatment because of this incident? YES or NO

(3) Do you have medical insurance that will help you with the cost? YES or NO

(4) If yes, how much will or did you have to pay out of your own money? \$ _____
How much has your insurance paid so far? \$ _____

(5) Did you have property damaged or stolen in this incident? YES or NO
If stolen, was it recovered by Police? YES OR NO

Please list all items damaged or stolen and the cost of each item:

Item	Date of Purchase	Purchase Price	Current Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(6) Do you have property insurance that will help with the cost? YES or NO
If yes, how much will or did you have to pay of your own money \$ _____

The Victims of Crime Compensation Office can provide assistance to cover the cost of medical services, counseling and funeral services. **If you need help filing a claim with the Victims of Crime Compensation Office, please call the Office of Victim Witness Advocacy at (908) 575-3359.** Restitution is money that the juvenile must pay back to you because of the crime. You have the right to ask for a restitution order. In order for the judge to order restitution, you **MUST** attach copies of bills, receipts or estimates of medical costs, counseling expenses, stolen or damaged property and lost wages. If you do not possess these items at this time, you **MUST** provide them at a later time to receive any consideration. Please note that restitution to you is based on uninsured loss. You **MUST** submit losses to your insurance company if you are covered.

(7) Do you want the judge to order restitution? YES or NO
If yes, what is the total amount requested? \$ _____

(8) Would you like help finding a counselor or support group for crime victims? YES or NO

(9) Please attach any photos or receipts that you possess regarding your personal injury and property loss for documentation purposes.

(10) Do you need interpreting services or other special assistance to help you give a statement or testify? YES or NO
If yes, what type of assistance? Please be specific: _____

Important: Court rules require the prosecutor's office to give a copy of this form to the juvenile.

The above statements are true: _____ (please turn over)
Signature Date

