VICTIM IMPACT STATEMENT FORM

Describe any emotional or psychological issues you may have suffered as a result of the crime, this will include a description of how you have suffered, including details of any treatment and any impacts on you, your relationships and family, your work and your lifestyle.

Any other relevant information you feel it is important for the Magistrate or Judge to know, such as what impact the crime continues to have on your life, any financial loss including details of the loss and how the loss has impacted on your life and lifestyle.

To the best of my knowledge, this statement is true.

Signature _____ Date: _____/_____/_____

Victims Support Services
Level 1, 54 Victoria Street,
Hobart 7000
Toll free: 1300 663 773
Ph: (03) 6233 5002
Email: victims@justice.tas.gov.au

Tasmania

dhk-408252

Having your say

Victim Impact Statement Form

Having your say through a Victim Impact Statement in Tasmania

VICTIM IMPACT STATEMENT FORM

Please detach the signed form and mail it to:

Victims Support Services
Level 1 54 Victoria St
Hobart Tasmania 7000

If you have any queries contact the Unit on: **(03) 6233 5002** or toll-free **1300 663 773**

Your name: _____

Phone number: _____

Mobile: _____

Name of convicted person: _____

Criminal charge (if known): _____

_____

1. If you are a victim of an indictable offence, you can read your Victim Impact Statement to the court or a court officer can read the statement on your behalf. You may also choose to have the statement taken into account without it being read out in Court.

Please answer the following:

- do you want to attend court and read your statement out? **YES / NO**
- do you want a court officer to read it aloud? **YES / NO**
- do you want the statement not to be read out? **YES / NO**

VICTIM IMPACT STATEMENT FORM

Section 81A Sentencing Amendment Act 2002

I _____

(full name)

would like to advise the court how the crime has affected me/my family.

(please attach additional pages if required)

Identity of victim or victims; and/or the full name of the person who wrote this statement – make sure the person writing this statement signs and dates this form.

_____

Describe any physical injuries suffered as a result of the crime. This will include a description of those injuries, including any pain suffered, and any treatment you have had or may still be having, together with a statement about how those injuries have impacted on your life.

_____