

The State of South Carolina

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SOLICITOR'S OFFICE
Fifth Judicial Circuit

COMMUNITY IMPACT STATEMENT

Community Representative:

Phone: Home(____) _____ - _____

Mailing Address:

Work (____) _____ - _____

Cell (____) _____ - _____

Email Address:

Specific Incident & Date:

Defendant(s) Name:

Victim(s) Name:

Please answer the following questions to the best of your ability:

a). What has led you to complete this form? Was it a specific act of crime in your neighborhood? If so, please describe that incident (including date, time and location).

b.) How has crime affected your community and community activities?

c.) What negative impact(s) has this crime had on your community? (i.e. is it safe to walk about the neighborhood during the day or night? Can children play outside? Are new businesses opening in your neighborhood?).

d.) Do the residents of the neighborhood feel safe or do they feel scared . . . or angry?

e.) Is law enforcement a welcome presence in your neighborhood? Or are the police thought of as someone 'to be feared'?

f.) Do you and/or your neighbors trust the legal system?

g.) As a community member, what do you think is needed in your neighborhood? (More police patrolling, more street lights, a community watch group, etc.) Please explain.