

South Carolina Victim Impact Statement

Richland County Courthouse
 1701 Main Street
 Columbia, SC 29201
 Phone (803) 576-1800
 Fax: (803) 748-4776



Kershaw County Courthouse
 1121 Broad Street
 Camden, SC 29020
 Phone: (803) 425-1500
 Fax: (803) 425-6029

Dan Johnson
Solicitor, Fifth Judicial Circuit
Nataki B. Brown
Director of Victim Services

Defendant _____ Warrant # _____
 Charge(s) _____ Case # _____
 Name of Victim _____ Indictment #/Juv. Pet. # _____
 Asst. Solicitor _____ V/W Advocate _____

TO BE COMPLETED BY VICTIM OR **REPRESENTATIVE (if victim is a minor, business, deceased or incapacitated)

Please return this form within **2 weeks**—assistance in completing this form is available upon request.

Victim Name _____ Phone # Home(____) _____ - _____
 **Representative _____ Work (____) _____ - _____
 Relationship to Victim _____ Cell (____) _____ - _____
 Mailing Address _____ Other (____) _____ - _____

 Work Address _____

 E-mail _____

*(Indicate which is your primary number)

FINANCIAL LOSS: YOU MUST ATTACH COPIES OF RECEIPTS, BILLS, ESTIMATES AND OTHER DOCUMENTS

Expenses:

Medical (+) \$ _____
 Counseling (+) \$ _____
 Funeral (+) \$ _____
 Property Loss/Damage (+) \$ _____
 Deductible Amount (+) \$ _____
 Other (+) \$ _____
Subtotal (=) \$ _____

Recovery Amounts From:

Insurance reimbursement (-) \$ _____
 Insurance Company & Address _____

 Victim Compensation (SOVA) (-) \$ _____
TOTAL DUE: \$ _____

PLEASE READ AND CHECK STATEMENT(S) WITH WHICH YOU AGREE:

- ____ I **do** wish to be notified of all court proceedings pertaining to this case.
 ____ I **do not** wish to be notified unless I am needed.
 ____ I **do** wish to be notified of all *post-conviction* hearings, including appeals, probation, parole, release, or escape from prison, etc.

It is your responsibility to inform the Solicitor's office of any changes to your address and telephone number.

(This section to be completed by agency personnel only)

Defendant's DOB _____
 Defendant's SS# _____
 County of Conviction _____
 Judge _____
 Date of Sentence _____
 Sentence _____

Restitution Ordered:

To victim \$ _____
 To SOVA \$ _____
***TOTAL:** \$ _____

Please turn over and complete other side of this form

This portion of the Victim Impact Statement requests information about the effects of the crime. Please consider the following questions and **respond only to those that apply to you and to this case**. You may use additional paper for your answers if needed. We encourage your input.

Did you suffer any physical injuries? _____ Did these injuries cause any permanent or long-term disabilities or disfigurements? Please describe:

Have you noticed any change in your lifestyle since this happened? (This may include personal habits, close relationships, the amount of tension and nervousness, or your ability to work.) Please describe:

Please describe how this crime has affected you financially:

Have you received any mental health counseling as a result of this crime? _____ If not, are you interested in receiving counseling?

Please use this space for additional comments you may have:

Thank you for taking time to complete and return this form. This will help your voice to be heard by the criminal justice system. Please sign and return in the enclosed envelope.

Signature of victim or representative

Date

With your signature, you submit that the above statements are true.