VICTIM IMPACT STATEMENT

Any questions, please contact Marissa Evans, Victim Services Specialist
with Ada County Juvenile Court Services at 208-577-4817 or mevans@adaweb.net.

Defendant Name:_____Case Number:_____

Please check ALL THAT APPLY:

- ☐ I would like my statement read by the defendant.
- ☐ I would like my statement to remain private, but for my wishes to be known to the defendant's Probation Officer by Victim Services.
- ☐ I would like my statement to remain completely private.
- ☐ I would like a Letter of Apology from the Defendant.
- ☐ I have included a Request for Restitution.
- ☐ I do not wish to be contacted again for this incident.

This Victim Impact Statement is your opportunity to explain how this criminal act has affected you or your family (emotionally, financially, spiritually, etc.). This statement can include any consequences you would suggest for this juvenile. All of your comments will be taken into careful consideration but are not guaranteed. Please attach additional pages if you need more space.

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Signature: _____ **Print Name:** _____

Date: _____ **Email:** _____

Preferred Phone: _____ **Alternate Phone:** _____

Please notify me by: ☐ **Phone** ☐ **Email** ☐ **Letter** **Notify Me of Diversion Agreement Terms:** ☐ **Yes** ☐ **No**

Please return form to
Victim Services
6300 W. Denton St.
Boise, Idaho 83704
Or fax form to 208-577-4809