

JACKSON COUNTY DISTRICT ATTORNEY'S OFFICE - VICTIMS' ASSISTANCE PROGRAM

Address: 715 West 10th Street, Medford, OR 97501

Phone: 541.774.8187 Fax: 541.608.2983

Please return either by mail to the address listed above or by fax.

STATE OF OREGON vs
CO-DEFENDANT
CO-DEFENDANT

DA CASE #
DA CASE # DDA
DA CASE #

YOUR NAME: _____

RELATIONSHIP TO THE VICTIM (check which may apply):

VICTIM: _____ PARENT OF VICTIM: _____ FAMILY MEMBER: _____ OTHER: _____

VICTIM IMPACT STATEMENT

This form will assist the District Attorney's Office in understanding how the crime has affected you.

PLEASE NOTE THAT YOUR COMMENTS ON THIS PAGE MAY BE DISCLOSED TO THE COURT OR THE DEFENSE.

Please attach extra sheets as needed.

1. Describe the impact this crime has had on your life (physically, emotionally, socially, etc.):

2. What do you think would be an appropriate sentence for the court to impose?

3. Is there anything else you would like to say:

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*******RESTITUTION INFORMATION DOCUMENT*******

Restitution may be ordered by the court in the amount of your economic loss due to the crime committed against you. Restitution is paid by the defendant(s) to the court and the court disperses the money to the victims. Because it is paid by the defendant(s), we can not guarantee you will receive it.

DID YOU HAVE ANY FINANCIAL LOSS AS A RESULT OF THIS CRIME? YES _____ NO _____

If you marked YES, please fill out the reverse side of this form to have restitution issued.

We will need documentation of your losses. Please attach invoices, receipts or estimates. Screen prints from the internet are acceptable as well. You are more likely to get restitution if we can document your losses that are related to this case.

CONTACT INFORMATION

Your contact information on this page "will not" be disclosed to the defendant or the defense attorney.

Restitution Information may be shared.

RELATIONSHIP TO THE VICTIM (check which applies):

VICTIM: _____ PARENT OF VICTIM: _____ FAMILY MEMBER: _____ OTHER: _____

YOUR NAME			
PHYSICAL ADDRESS			
MAILING ADDRESS			
PHONE NUMBERS	HOME	CELL	WORK/MESSAGE

If you change any of the above contact information please inform our office.