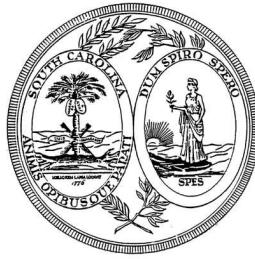


# South Carolina Victim Impact Statement

**David M. Stumbo**  
**Solicitor**  
**Eighth Judicial Circuit**



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 600 Monument St.  
 P.O. Box 516  
 Greenwood, SC 29648  
 Phone: (864) 942-8811  
 Fax: (864) 942-8830  
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Defendant \_\_\_\_\_  
 Charge(s) \_\_\_\_\_  
 \_\_\_\_\_  
 Co-Defendant(s) \_\_\_\_\_  
 Asst. Solicitor \_\_\_\_\_

Warrant # \_\_\_\_\_  
 CMS # \_\_\_\_\_  
 Indictment #/Juv. Pet. # \_\_\_\_\_  
 V/W Advocate \_\_\_\_\_

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

Please return this form immediately—assistance in completing this form is available upon request.

Victim Name \_\_\_\_\_  
 \*\*Representative \_\_\_\_\_  
 Relationship to Victim \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

Phone # --Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 --Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 --Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 --Other (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 \*(Indicate which is your primary number)

Work Address \_\_\_\_\_  
 \_\_\_\_\_

E-mail \_\_\_\_\_  
 Incident Date \_\_\_\_\_

**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.

*(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.

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**Did you suffer any physical injuries?\_\_\_\_\_ Did these injuries cause any permanent or long-term disabilities or disfigurements? Please describe: (If a property crime, list items taken and value)**

**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: (Such as your recommendation, but please understand the State will make the final decision)**

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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.*

**\*\*\*FAILURE TO RETURN THIS FORM, OR FAILURE TO NOTIFY THIS OFFICE OF YOUR MAILING ADDRESS AND PHONE NUMBERS, MAY RESULT IN YOUR CASE BEING DISMISSED AND YOUR RIGHTS AS A VICTIM LOST.**