

SOUTH CAROLINA VICTIM IMPACT STATEMENT

David M. Stumbo
Solicitor
Eighth Judicial Circuit



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Defendant:
Charge(s):
Co-Defendant(s):
Asst. Solicitor:
V/W Advocate:

Warrant:
Incident Date:
PbK Case #:
Indictment #/Juv. Pet. #: ,
County:

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

Victim Name:: _____

Phone: Home (____) ____ - ____

DOB: _____ M _____ F _____

Cell (____) ____ - ____

**Representative: _____

Work (____) ____ - ____

Mailing Address: _____

Other (____) ____ - ____

Work Address: _____

*(Indicate which is your primary number)

Email: _____

Would you like to receive notifications from our office via text message? ☐ YES ☐ NO

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 (DCVC) (-) \$ _____

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.

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? *(If a property crime, list items taken and value.)* 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: *(Such as your recommendation, but please understand the State will make the final decision.)*

Thank you for taking time to complete this form, 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.**