

**Passaic County Prosecutor's Office  
Victim Impact Information Form**

Prosecutor's File # \_\_\_\_\_ Defendant's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Indictment #: \_\_\_\_\_

If you are not the victim, how are you related to the victim? \_\_\_\_\_

This *Victim Impact Information Form* and *Victim Impact Statement* are ways for you to participate in the prosecution and sentencing of the offender. **Instructions:** Please answer the questions that apply to your situation. If you need more space, you may use additional sheets of paper. Please print neatly or type.

(1) If you were hurt during the incident, please describe your injuries:  
\_\_\_\_\_  
\_\_\_\_\_

(2) Did you need medical treatment because of this incident? YES or NO

(3) Do you have medical insurance that will help you with the cost? YES or NO

(4) If yes, how much will or did you have to pay out of your own money? \$ \_\_\_\_\_  
How much has your insurance paid so far? \$ \_\_\_\_\_

(5) Did you have property damaged or stolen in this incident? YES or NO  
If stolen, was it recovered by the police? YES or NO

Please list all items damaged or stolen and the cost of each item:

Item	Date of Purchase	Purchase Price	Current Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(6) Do you have property insurance that will help with the cost? YES or NO  
If yes, how much will or did you have to pay of your own money \$ \_\_\_\_\_

The Victims of Crime Compensation Office can provide assistance to cover the cost of medical services, counseling and funeral services. **If you need help filling a claim with the Victims of Crime Compensation Office, please call the Office of Victim Witness Advocacy at 973-881-4887.** Restitution is money that the offender will pay back to you because of the crime. You have the right to ask for a restitution order. In order for the judge to order restitution, you **MUST** attach copies of bills, receipts or estimates of medical costs, counseling expenses, stolen or damaged property and lost wages. If you do not possess these items at this time, you **MUST** provide them at a later time to receive any consideration. Please note that restitution to you is based on uninsured loss. You **MUST** submit losses to your insurance company if you are covered.

(7) Do you want the judge to order restitution? YES or NO  
If yes, what is the total amount requested? \$ \_\_\_\_\_

(8) Would you like help finding a counselor or support group for crime victims? YES or NO

(9) Please attach any photos or receipts that you possess regarding your personal injury and property loss for documentation purposes.

(10) Do you need interpreting services or other special assistance to help you give a statement YES or NO  
or testify? If yes, what type of assistance? Please be specific: \_\_\_\_\_

**Important:** Court rules require the prosecutor's office to give a copy of this form to the defendant.

The above statements are true: \_\_\_\_\_  
Signature Date

**Si usted no entiende este formulario, y desea recibirlo en español, favor de llamar al número 973-225-3634**

