VICTIM'S IMPACT STATEMENT

If you need more space to answer any of the following questions, please feel free to use as much paper as you need, and simply attach the sheets of paper to this impact statement. Thank you.

1.	Sta	State of Oklahoma vs	
		se Number:	
	District Attorney/Assistant:		
4.	Da	Date of Crime:	
		Name of Victim:	
6.	Name of Family Member: (If Victim is Deceased):		
7.	If Victim is a minor, Name of Parent/Guardian):		
8.	Relationship of Victim to Offender:		
	As a result of this crime, were you or your family member physically or emotionally		
		ure? If yes, complete as many as apply:	
	a.	Incurred the following physical injuries:	
	b.	Was hospitalized for days.	
	c.	Incurred medical or counseling expenses of \$	
	d.	Anticipated additional expenses of \$ for:	
	e.	You may want to write about how long injuries lasted, or how long they are expected to last:	
10	ho	s this crime affected your ability to perform your work, make a living, run a usehold, go to school or enjoy any other activities you previously performed or oyed? If so, please explain how these activities have been affected by this crime.	