

Victim Impact Statement

Case Identification

| Case identification |
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| Name of the Victim (PLEASE PRINT/TYPE): |
| Name(s) of the Accused (PLEASE PRINT/TYPE): |
| Date of the Incident (PLEASE PRINT/TYPE – Month/Day/Year): |
| This form may be used to provide a description of the physical or emotional harm, property damage or economic loss suffered by you as the result of the commission of an offence, as well as a description of the impact of the offence on you. You may attach additional pages if you need more space. |
| Your statement must not include: any statement about the offence or the offender that is not relevant to the harm or loss you suffered; any unproven allegations; any comments about any offence for which the offender was not convicted; any complaint about any individual, other than the offender, who was involved in the investigation or prosecution of the offence; or except with the court's approval, an opinion or recommendation about the sentence. |
| You may present a detailed account of the impact the offence has had on your life. The following sections are examples of information you may wish to include in your statement. You are not required to include all of this information. Emotional Impact |
| Describe how the offence has affected you emotionally. For example, think of |
| your lifestyle and activities; your relationships with others such as your spouse, family and friends; your ability to work, attend school or study; and your feelings, emotions and reactions as they relate to the offence. |
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| Physical Impact |
| Describe how the offence has affected you physically. For example, think of |
| ongoing physical pain, discomfort, illness, scarring, disfigurement or physical limitation; hospitalization or surgery you have had because of the offence; treatment, physiotherapy or medication you have been prescribed; the need for any further treatment or the expectation that you will receive further treatment; and any permanent or long-term disability. |
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Economic Impact

Describe how the offence has affected you financially. For example, think of

- the value of any property that was lost or damaged and the cost of repairs or replacement;
- any financial loss due to missed time from work;
- the cost of any medical expenses, therapy or counselling; and
- any costs or losses that are not covered by insurance.

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| Economic Impact (Continued) - Please note that this is not an application for compensation or restitution. | | | | | | | |
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| Fears for Security | | | | | | | |
| Describe any fears you have fo | or your security or tha | at of your fam | ily and | friends. For e | xample, think o | of | |
| concerns with respectconcerns with respect | | | and me | mbers of your | r family or close | e friends. | |
| | | | | | | | |
| Drawing, Poem or Letter | | | | | | | |
| You may use this space to drawn offence has had on you. | w a picture or write a | a poem or let | ter if it | will help you | express the im | pact that the | |
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| ☐ I would like to present | - | | | | | | |
| To the best of my knowledge, | | | | | | | |
| Dated this | _ day of | | 20 | , at | | | |
| Signature of declarant | | | | | | | |
| If you completed this statemer nature of your relationship wit | | ctim, please i | ndicate | the reasons w | vhy you did so | and the | |
| | | | | | | | |
| Dated this | _ day of | | 20 | , at | | | |
| Signature of declarant | | | | | | | |

This completed form should be submitted to Victim Services – For office locations, call toll-free 1 (888) 470-0773 or visit website: http://novascotia.ca/just/victim_Services/contact.asp