

BRIAN T. KUNZI
District Attorney



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VICTIM IMPACT STATEMENT

DEFENDANT(S): _____ CASE #: _____

VICTIM (BUSINESS/INDIVIDUAL)

PHYSICAL ADDRESS

STREET _____ **CITY** _____ **STATE/ZIP CODE** _____

MAILING ADDRESS

STREET _____ **CITY** _____ **STATE/ZIP CODE** _____

HOME PHONE# (____) ____ - ____ CELL PHONE# (____) ____ - ____

Describe how you were impacted by this crime. You may attach additional pages if necessary.

Signature

Date