



## Office of the Boone County Prosecuting Attorney Victim Response Team

705 E Walnut – Courthouse  
Columbia, Missouri 65201-4485

FAX 573-886-4148

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As a crime victim, you have a critical role in our efforts to prosecute the alleged offender and you may be subpoenaed to testify. I am a member of the Boone County Prosecuting Attorney's Victim Response Team, which is dedicated to the needs of crime victims. The prosecution of a criminal case can be a frustrating and lengthy process. I will assist you in dealing with questions and concerns you have. I can be reached at (573) 886-4100, and have enclosed a card outlining the services available to victims.

It would be very helpful to us if you would complete the enclosed **VICTIM IMPACT STATEMENT**. You as the victim can best relate how this crime has affected you and your family physically, emotionally and financially. This information will be instrumental throughout the course of this case.

In many cases the judge can order the offender to pay the victim for financial losses the victim suffered as a result of the crime, i.e., property damage, medical expenses, etc. If you were the victim of a violent crime, you may also qualify for reimbursement from the Missouri Crime Victims' Compensation Fund ("MCVCF"). MCVCF claim applications are available through this office.

We understand that not all victims are comfortable with completing the Victim Impact Statement and you are not required to do so. **It will be necessary for you to submit proof of your financial loss and/or expenses within 30 days of the date of this letter if you want us to request reimbursement for your losses as part of the defendant's sentencing.**

An attorney or investigator who represents the defendant in this case may contact you. You may speak with them or answer their questions if you choose; however, you have the right to refuse or to request that an attorney from the Prosecuting Attorney's Office be present.

Given the large number of pending cases, it may not be possible to keep you informed of every court date. Please do not hesitate to contact me at (573) 886-4100 if you have any questions or would like to know the status of your case. I am available to assist you with any concerns you may have. Thank you for your cooperation.

Sincerely yours,

Victim Response Team

Daniel K. Knight, Prosecuting Attorney

**BOONE COUNTY PROSECUTING ATTORNEY'S OFFICE  
VICTIM IMPACT STATEMENT**

**VICTIM**

Crime Victim Name:

Address:

Place of Employment: \_\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_\_

Name of Person Completing Statement (if other than victim)\_\_\_\_\_

Relationship to Victim: \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_

**DEFENDANT**

Defendant:

Case #:

**PHYSICAL/EMOTIONAL IMPACT OF CRIME**

Was your life or physical well-being threatened? \_\_\_Yes \_\_\_No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you injured? \_\_\_Yes \_\_\_No

If yes, please provide details regarding nature and extent of injuries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you or your family seek psychological counseling as a result of this crime?  
\_\_\_Yes \_\_\_No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you suffer the loss of any items with sentimental or irreplaceable value, i.e., family photographs, heirlooms, antiques etc.? \_\_\_Yes \_\_\_No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VICTIM RESTITUTION CLAIM**

Did you have medical expenses as a result of this crime? \_\_\_Yes \_\_\_No

If yes, please state the amount: \$\_\_\_\_\_. Please itemize expenses and submit documentation of costs, i.e., copies of receipts, canceled checks, etc.

Did you have property loss or damage? \_\_\_Yes \_\_\_No

If yes, please state the value of the loss or damage: \$\_\_\_\_\_. Please provide details pertaining to the loss or damage and submit documentation of costs, i.e., copies of receipts, canceled checks, repair or replacement cost estimates, etc.

Did you submit any insurance claims related to either injuries or property loss/damage stemming from this crime? \_\_\_Yes \_\_\_No

If yes, please provide details and submit documentation of your claim. Please include name and address of your insurance company, amount of your deductible (if any), date of your claim, and all other pertinent information.

Please itemize and describe any other financial loss or expense you have had as a result of this crime. If you were the victim of a violent crime, you may be eligible for reimbursement from the Missouri Victim Compensation Fund, i.e. medical and counseling expenses, funeral expenses (if you are the survivor of homicide victim), etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE NOTE: You must provide sufficient detail and documentation of your expense/financial loss in order for a claim to be made. Please use additional pages as needed and attach relevant copies. Should you have questions regarding the information required, please contact the Boone County Victim Response Team at (573) 886-4100. Thank you.

**ADDITIONAL IMPACT INFORMATION**

Please use the following space to describe any other impact this crime has had upon you or your family and to provide any other information you believe should be taken into consideration by the court for sentencing (including restitution purposes if the defendant accused of committing this crime is convicted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date