

BULLHEAD CITY PROSECUTOR'S OFFICE  
CRIME VICTIM SERVICES UNIT  
1255 Marina Blvd.  
Bullhead City, AZ 86442  
928-763-0163  
Email: [vservices@bullheadcityaz.gov](mailto:vservices@bullheadcityaz.gov)

## VICTIM IMPACT STATEMENT

In order to assist Victim Services, the Prosecuting Attorney and/or Judge, we are requesting that you review the following information and utilize this form to exercise your right to be heard, make penalty recommendations and request restitution. Please complete this form and return it to the address above no later than 2 days prior to the first scheduled Pretrial Conference/proceeding. *Note: by signing this form and pursuant to pertaining to: A.R.S. §13-4430; I also hereby consent to allow Crime Victim Advocates. By signing the form below, you are agreeing the Victim Advocate may share your information with the parties and the court to provide you services. Furthermore, I understand any information disclosed may also be subject to disclosure by the defendant's attorney only if such information is otherwise "exculpatory. See Confidentiality Waiver for full description and meaning of exculpatory.*

1. Written Impact Statement for the Prosecutor and/or Judge from you, the victim, including the following:

A. Statement of impact/effect that this crime has had on you including trauma/injury suffered as a result of this incident.


B. What do you recommend as penalties for the identified defendant other than restitution? Please be specific, i.e., fines, community service, counseling, probation, jail time, no alcohol order, no contact/stay away order, etc.


2. Restitution: Are you requesting restitution for out of pocket expenses as a DIRECT result of this crime?

Yes  No

If yes, please complete the attached restitution form in its entirety and submit supporting documentation.

3. Will you be present at in-court proceedings regarding this case? Yes  No

4. Any additional requests or concerns?


**Note: You must sign the Confidentiality Disclosure per ARS 13-4430-8-409 in order to share your impact statement with the prosecution and defense.** Pursuant to ARS 8-391, the defense has the right to view any predisposition reports. Please feel free to contact The Crime Victim Services Office at 928-763-0163 if you have any questions or concerns.

Date:	Victim Name:
Defendant:	Victim Signature:
Case Number:	Phone Number: