Solicitor Isaac McDuffie Stone, III
14th Judicial Circuit Solicitor's Office
South Carolina Victim Impact Statement

This form is designed to help protect the rights of crime victims and will become part of the Court record. **It is very important that victims fill out one form for each defendant as completely and neatly as possible in ink and return it within two weeks.** Assistance in completing this form is available upon request.

If you do not return this form you **WILL NOT BE NOTIFIED** of any future proceedings or developments in this case.

OFFENDER INFORMATION **(FOR OFFICIAL USE ONLY)**

Offender's Name: _____

Social Security Number: _____ County: _____

Sentence: _____

Indictment Number(s): _____

PLEASE PRINT

Case Number: _____

The State of South Carolina vs. _____

Charge(s): _____

Warrant #: _____

Name of the Victim: _____

Home Address: _____

Work Address: _____

Home Phone: _____

Cell Phone: _____

Victim's Date of Birth: _____ Race: _____Sex: _____

Email Address: _____ Pager Number: _____

Note: If this information is not completed and returned, you will not be contacted by this office. Please make corrections to Victim's personal information if necessary.

PLEASE CHECK ONE OF THE FOLLOWING THREE STATEMENTS REGARDING YOUR INVOLVEMENT IN THIS CASE:

_____Notify me of any hearings in this case, as I intend to be present at any of the proceedings and wish to be informed as to the disposition of this case.

_____Notify me of any hearings in this case, although I do not wish to be present

_____ Do not notify me of any future hearings. I do not wish to attend any future hearings and do not wish to participate in the disposition of this case.

PLEASE CHECK ONE OF THE FOLLOWING TWO POST-CONVICTION EVENTS:

_____I want to be notified by the appropriate agencies for all the post-conviction sentencing events including appeals, probation, parole, release, or escape from prison.

_____I do not want to be notified.

Note: If the victim is deceased, is a minor, or is a business, please list the name and contact information of a responsible party.

Please turn over to the next page

Please consider the following questions and respond to any that may apply to you or your family. This information will help the judge understand more about what happened. Putting it in written form makes sure that you will not be "forgotten" by the criminal justice system. Since the space below is extremely limited, most people find it easier to attach and use another piece of paper (or more) for the answers.

1. Describe any physical injuries you suffered and medical treatment you received for these injuries.

2. Have these injuries caused any permanent or long-lasting disabilities or disfigurements? Please describe them.

3. Have you noticed any change in yourself since this happened? This might include personal habits, the way you deal with other people, the amount of tension or nervousness you feel, etc.

4. Have you family situations, close relationships or lifestyle changed as a result of this? Have you had to move because of this? Explain.

5. Has this crime affected your credit, your job or your ability to work? How?

6. Have you received any counseling of psychological services because of this? If so, how has it helped you? If you have not received counseling, why?

Please summarize the costs and financial losses this crime has caused. This may include medical and/or counseling costs, lost wages, funeral bills, lost or damaged property, etc. Copies of receipts, estimates, bills, and other documentation should be attached to this form.

Expenses:

Medical Expenses	**$_____**
Counseling	**$_____**
Lost Wages	**$_____**
Funeral	**$_____**
Property Loss	**$_____**
Other	**$_____**
Total	**$_____**

Have you received money from?

Insurance Company	**$_____**
Victim Compensation	**$_____**
Total Received	**$_____**

It is your responsibility to inform the Solicitor's Office, SC Department of Corrections, and SC Department of Probation, Parole and Pardon Service, SC Attorney General's Office or, in juvenile cases, the SC Juvenile Parole Board of any changes in your address and telephone number. Contact them at:

SC Department of Corrections
4444 Broad River Road
P.O. Box 21787
Columbia, SC 29221-1787
1-800-835-0304

SC Department of Probation
Parole and Pardon Services
P.O. Box 50666
Columbia, SC 29205
1-800-551-4118

SC Attorney General's Office
1000 Assembly Street
P.O. Box 11549
Columbia, SC 29211
1-800-213-5652

SC Board of Juvenile Parole
110 Centerview Drive
Suite 300
Columbia, SC 29221
1-800-763-0068

RETURN THIS FORM TO:
VICTIM SERVICES
FOURTEENTH CIRCUIT SOLICITOR'S OFFICE
POST OFFICE BOX 1880
BLUFFTON, SOUTH CAROLINA 29910
(843) 779-8477