



Ministry of the Attorney General  
Ministère du Procureur général

**VICTIM IMPACT STATEMENT**

Date.....

Victim's Name

.....  
Family Name First Name

If you are not the direct victim of the crime please describe your relationship to the case:

.....  
.....

Accused's Name (if known)

.....  
Family Name

D.O.B.....

Investigating Officer .....  
(Family Name, Rank, Badge Number) Tel./N°

Would you like to read this statement to the judge?  YES  NO

**PLEASE RETURN THIS COMPLETED FORM TO THE CROWN ATTORNEY**

**After you have returned your completed Victim Impact Statement to the Crown Attorney, a copy will be made for the accused and his/her lawyer and you may be cross-examined on the contents.**





