



Legal Services Department
City Prosecutor's Office
VICTIM IMPACT STATEMENT

PLEASE BE ADVISED, PURSUANT TO A.R.S. 13-4430(E), THIS IMPACT STATEMENT IS NOT A CONFIDENTIAL DOCUMENT. THIS DOCUMENT ALONG WITH ANY RECORDS, NOTES, REPORTS, OR OTHER CORRESPONDENCE YOU SEND TO THE GOODYEAR CITY PROSECUTOR'S OFFICE WILL BE DISCLOSED TO THE DEFENDANT AND/OR DEFENSE ATTORNEY. UPON REQUEST, THE GOODYEAR CITY PROSECUTOR'S OFFICE WILL ELIMINATE YOUR ADDRESS, PHONE NUMBERS, AND OTHER PERSONAL INFORMATION BEFORE PROVIDING ANY INFORMATION TO THE DEFENDANT AND/OR DEFENSE COUNSEL.

Name of Victim (or) Victim Representative: _____

Name of Defendant: _____

Police Report No. _____ Court Date: _____

In order to assist the Court in attempting to consider all sentencing options, you have the right to provide a victim impact statement prior to sentencing. You may submit this form using the "Submit by Email" below, or by emailing to gycityprosecutor@goodyearaz.gov, or by fax to (623) 932-0184 or by mail to: Goodyear Prosecutor's Office 14455 W Van Buren St., Suite B101, Goodyear, AZ 85338.

1. As a result of this crime, were you physically or emotionally traumatized? Please describe the extent of your injuries and the status of your recovery.

2. Describe the extent of how this crime has impacted you and/or your family's lives.

3. What would you like to see happen to the defendant in this case?