

IN THE MUNICIPAL COURT OF THE CITY OF MANHATTAN, KANSAS

City of Manhattan vs.

Case Number:

Date of incident:

Charge:

VICTIM IMPACT STATEMENT

As a victim of an ordinance violation, you have the opportunity to share with us the impact this ordinance violation has had on you. While we realize it may be difficult to express your experience in writing, we feel it is important for you to have input into the court process. The City Attorney's office, municipal court officers, and the judge imposing sentence will have access to this information. This form is not a request for specific facts about the case. If such facts are presented on this form, disclosure to the defendant may be necessary under discovery laws.

I do () do not () wish to be notified of all public hearings which will take place in this case.

Please print or type:

YOUR NAME: _____

WORK TELEPHONE: _____

HOME TELEPHONE: _____

E-MAIL ADDRESS _____

Please indicate by an * which number you can be reached at between 8:00am and 5:00pm weekdays.

ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

Please provide the name, address and telephone number of a relative or permanent contact where you may be reached (other than immediate household)

NOTIFICATION: In order to assure notification in the process of this case, it will be necessary for you to contact the Municipal Court office if the address or telephone numbers on this form change.

Please describe the impact this ordinance violation has had on you and others:

COMMENTS ON SENTENCING: What do you feel would be an appropriate sentence for the defendant?

- | | |
|---|---|
| <input type="checkbox"/> Jail | <input type="checkbox"/> Fine |
| <input type="checkbox"/> Probation/Parole | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Restitution | <input type="checkbox"/> Alcohol/Drug Treatment |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> No Contact With Victim |
| <input type="checkbox"/> Other _____ | |

The above information is true and correct to the best of my knowledge and belief.

Date: _____ Signature: _____

Please return this form to: Manhattan Municipal Court
610 Colorado
Manhattan, KS 66502