



VICTIM IMPACT STATEMENT

City of Lenexa v. _____ Case No. _____

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 judges 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. Please print or type and return within seven (7) days.

Your Name: _____

Address: _____

Phone Number: _____ Alternate Phone: _____

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

Please describe any financial loss as a result of the defendant's actions (include item(s), amount, and attach bills or estimates):

(over, please)

Please describe items for which insurance claim was received (list item, amount, deductible, name and address of insurance):

I request restitution in the amount of \$ _____.

What do you feel would be an appropriate punishment? Include such considerations as psychological counseling, drug and/or alcohol treatment, community service, or the Defendant having no contact with the victim. Would you oppose diversion if this is a first time offense?

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

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

Signature

Date

Return this form to: **City of Lenexa, Kansas**
Legal Department
12350 W. 87th Street Parkway
Lenexa, KS 66215