

Preliminary Victim Impact Information

Please take a few moments to give us some information. It is important for our office to understand how this incident has affected you.

Relationship of Victim to Defendant

Family Member: _____ Acquaintance: _____ Stranger: _____

Were any of the following involved in the incident:

Weapon: _____ Alcohol: _____ Drugs: _____

Age of the Victim: _____ Age of the Defendant (if known): _____

Did you suffer any injuries because of what happened?

Medical: _____ Personal Property: _____

The remainder of this form is for your own words. This is your opportunity to let our office know your feelings regarding this case, and what you want to have happen.

Victim Signature

Date Signed

Please feel free to contact our department if you have any questions. Return this form to

Victim Services
District Attorney's Office
500 S Denver Ave Suite 800
Tulsa, Ok 74103
918-596-4915
FAX: 918-596-4923