CHRIS ARABIA
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VICTIM IMPACT STATEMENT

DEFENDANT(S): _____ CASE #: _____

VICTIM (BUSINESS/INDIVIDUAL) _____

PHYSICAL ADDRESS

_____ _____ _____
STREET *CITY* *STATE/ZIP CODE*

MAILING ADDRESS

_____ _____ _____
STREET *CITY* *STATE/ZIP CODE*

HOME PHONE# (___) ____- _____ CELL PHONE# (___) ____- _____

Describe how you were impacted by this crime. You may attach additional pages if necessary.

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Signature *Date*