

Statement to the Indeterminate Sentence Review Board

Your name:

Your loved one's name and relationship (if you are not the victim):

Offender's Name:

1) How has this crime affected you and those close to you?

Feel free to discuss your feelings about what happened, how it has impacted your general well-being, your relationships with others, your work, school, etc. If as a result of this crime you sought any type of victim services, such as counseling, you might want to mention this.

2) What physical injuries or symptoms have you or others close to you suffered as a result of this crime?

Let us know how long the injuries lasted or how much longer they are expected to last. Let us know if you sought medical treatment for your injuries. You may also want to discuss what changes you have made in your life as a result of these injuries.

3) Has this crime affected daily activities?

Let us know if and how the crime has impacted your ability to perform your work, make a living, run a household, go to school or enjoy any other activities you previously performed or enjoyed.

4) What do you think the Indeterminate Sentence Review Board should decide about this offender's release?

5) Do you have concerns about your or others' safety if the Indeterminate Sentence Review Board decides to release this offender?

If so, what are some things you would like the ISRB to require the offender to do (or not do) to increase your feelings of safety? For example: requiring no contact with you, not residing in your area, going to counseling, abstaining from drugs and alcohol, etc.

6) Is there anything else that you feel is important for the ISRB to know when making their release decision?

Signature _____

Date _____

**Indeterminate Sentence Review Board
Statement to the Board, May 2008**