
Victim's Voice Statement

Name of Victim: _____

Name of the Accused: _____

Date of the Incident (month/day/year): _____

This form may be used to provide a description of the harm that has come to you as the result of the commission of an offence, the impact the offence has had on your life as well as any other information that you feel would be helpful for the Dartmouth Wellness Court Team to be aware of in planning a support plan for the accused.

Your statement must not include:

- any statement about the offence or the accused that is not relevant to the harm or loss you suffered;
- any comments about any offence for which the accused was not convicted;
- any complaint about any individual, other than the accused, who was involved in the investigation or prosecution of the offence

The following sections are examples of information you may wish to include in your statement. You are not required to include all this information. You may attach additional pages if you need more space.

Emotional Harm

Describe how the offence has affected you emotionally. For example, think of

- your lifestyle and activities;
- your relationships with others such as your spouse, family and friends;
- your ability to work, attend school or study;
- your feelings, emotions and reactions as they relate to the offence.

Physical Harm

Describe how the offence has affected you physically. For example, think of

- ongoing physical pain, discomfort, illness, scarring, disfigurement or physical limitation;
- hospitalization or surgery you have had because of the offence;
- treatment, physiotherapy or medication you have been prescribed;
- the need for any further treatment or the expectation that you will receive further treatment;
- any permanent or long-term disability.

Economic Harm

Describe how the offence has affected you financially. For example, think of:

- the value of any property that was lost or damaged and the cost of repairs or replacement;
- any financial loss due to missed time from work;
- the cost of any medical expenses, therapy or counselling;
- any costs or losses that are not covered by insurance.

Please note that this is not an application for compensation or restitution.

Fears for Security

Describe any fears you have for your security or that of your family and friends. For example, think of:

DARTMOUTH WELLNESS COURT

Mental Health Court Program; Opioid Court Program;
Alcohol Court Program; and Judicial Monitoring Program

Public Form

- concerns with respect to contact with the accused; and
- concerns with respect to contact between the accused and members of your family or close friends

What other information do you feel would be helpful for the Mental Health Court Team to know to help in planning a support plan for the accused?

If a relationship exists between yourself and the accused: What do you feel the accused needs to do for this relationship to continue?

Are you willing to provide support to the accused? If so, how do you feel you can best support the accused?

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If possible, would you be interested in a face to face meeting with the accused and someone from the Mental Health Court team?

To the best of my knowledge, the information contained in this statement is true.

Dated this _____ day of _____, 20____, at:

Signature of Declarant

If you completed this statement on behalf of the victim, please indicate the reasons why you did so and the nature of your relationship with the victim:

Dated this _____ day of _____, 20____, at:

Signature of Declarant

This completed form should be submitted to Victim Services.

For office locations, call toll-free 1 (888) 470-0773 or visit website:

http://novascotia.ca/just/victim_Services/contact.asp