CONSUMER CREDIT COUNSELING SERVICE OF GREATER SAN ANTONIO

VICTIM IMPACT STATEMENT

The Victim should write down in their own words how the Identity Theft has affected themselves and those close to them. (Others affected may also complete their own statement)
No proof or evidence needs to or should be included. Your statement should describe the financial loss suffered, the harm done and the emotional impact you have experienced. The statement should not contain criticisms of the offender or recommendations as to the severity of punishment.

Victims Name: _____

Names of those also affected and their relationship to the victim.

Name	Relationship
Name	Relationship
Name	Relationship

Describe how your identity was used and your experiences regarding this and your efforts to resolve your identity (if possible include dates and /or timelines). Some points to consider:
Has this crime affected your relationship with any family members, friends, co-workers, and other people? Has this crime affected 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?

(Complete additional forms as remediation progresses / attach additional sheets as needed /each additional sheet should be signed)

Signature _____ Date _____