

*Seventeenth Judicial Circuit of Missouri  
Office of the Juvenile Officer*

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**Victim Impact Statement**

What would you like to say about what happened to you?

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Do you feel scared of the offender(s) now? If so, please describe:

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What do you think would be best for the offender to do to make things right?

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Cass County Juvenile Center  
2501 W. Mechanic, Suite 200  
Harrisonville, Missouri 64701  
Phone: (816) 380-8475  
Facsimile: (816) 380-8490  
Email: Cass.JO@courts.mo.gov



Johnson County Juvenile Center  
101 W. Market, Suite 101  
Warrensburg, Missouri 64093  
Phone: (660) 422-7418  
Facsimile: (660) 422-7422  
Email: Johnson.JO@courts.mo.gov

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As we try to impress on the offender the effects of their actions on others, is it okay for us to discuss this report?  
YES  NO  Is there any information you wish kept confidential? \_\_\_\_\_

Would you like to have a written or verbal apology from the offender, if possible?  
YES  NO  If so, please provide your mailing address: \_\_\_\_\_

Would you like us to let you know what happens in this case?  
YES  NO  If so, please provide your telephone number: \_\_\_\_\_

Any other questions or comments?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please complete and return all paperwork to the*** Choose an item. ***within ten (10) business days.***

***Please mail the completed form to:***

Choose an item.

***Attention:*** [Click here to enter text.](#)

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