



**Additional Information**

Please provide any other information you wish the court to consider about the impact of this crime

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**NOTE: If you do not wish to make a statement please mark this box and return the form. This will enable our office to inform the probation office and the court that you do not wish to make a statement.**

Signature of person completing this form \_\_\_\_\_

Printed name of person completing this form \_\_\_\_\_

Job Title \_\_\_\_\_

Date \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

Business Number: \_\_\_\_\_