

**VICTIM ASSISTANCE UNIT
A DIVISION OF THE ORANGEBURG COUNTY SHERIFF'S OFFICE**

Date _____

Dear _____,

My name is _____, a Victims' Advocate with the Orangeburg County Sheriff's Office. Enclosed you will find a Victim Impact Statement. As a victim you have a right to submit this form to the courts to explain your feelings of loss, frustration, and fear as a result of your crime. This information will be considered throughout the judicial proceedings involving your case.

As your assigned advocate, I want to ensure that you are fully aware of your rights as a victim. I am available to assist you in filling out this form. Should you have any questions, please feel free to visit me in my office located at 1032 Chestnut Street in the Chestnut Square or you can reach me by telephone at _____ between the hours of 8:30 a.m. – 5: 00 p.m., Monday – Friday.

Sincerely,

Victim's Advocate