

## Victim Impact Statement

Date Sent: \_\_\_\_\_ Victim's Name: \_\_\_\_\_

Commonwealth vs. \_\_\_\_\_

District Attorney: \_\_\_\_\_

Assistant District Attorney: \_\_\_\_\_

*As the victim of a crime, you have the right to offer a statement to the judge prior to the sentencing of the defendant. This form is provided to you for this purpose. Please address the impact that this crime has had on you and your family, but do not describe details of the crime itself. By law, a copy of this form must be given to defense counsel, if requested prior to trial and it is thereby possible that the defendant will see it. If you have additional questions or need assistance, please call the Crime Victims' Program of Warren or Forest Counties. The completion of this statement is voluntary.*

The following are provided to you as a guideline only. You may write a letter on a separate sheet of paper if you wish.

1. Would you like a No Contact/No Trespass Order as part of the defendant's sentence?  
☐ YES      ☐ NO    ☐ UNSURE

### How has this crime impacted your life?

(financially, emotionally, physically, medically, personally)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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