

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)

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Signature: _____ Date: _____