

Victim Impact Statement

Parents of Child Victims

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 Forms 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

Was your child injured as a result of this crime?

(Types of injuries, medical treatment, length of treatment/recovery)

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How has your child been affected by this crime?

(Emotionally, developmentally, school performance, relationships with family/friends)

Has your child received counseling? If so, how has it helped?

How has this crime affected you?

(Relationships with friends/family, ability to work, change in daily routines,

Signature:

Date: