

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

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

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

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

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)

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.

# Victim Impact Statement

## Parents of Child Victims

**How has your child been affected by this crime?**

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

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

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**How has this crime affected you?**

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

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

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