

## VICTIM IMPACT STATEMENT

Date: \_\_\_\_\_ Case #: \_\_\_\_\_ OTN #: \_\_\_\_\_

Commonwealth vs: \_\_\_\_\_ Victim: \_\_\_\_\_

As a Victim of Crime, you have a right to offer a statement to the Judge prior to the sentencing or the disposition of the case.

This form is provided to you as a guideline only. You may write a letter on a separate sheet of paper if you wish. Please make certain that you include the above Case# and the defendant's name at the top of your letter, along with the words: **Victim Impact Statement.**

**PLEASE NOTE:** By law, a copy of your statement must be given to the defense counsel; therefore the defendant may see it as well.

Forms and/or letters **MUST** be **DATED** and **SIGNED**, or they will not be accepted.

1. Describe any emotional changes which are a direct result of this criminal act.  
Include any counseling or therapy you have received. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Were you physically injured as a result of this crime? Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Were you unable to work as a result of this crime? Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has your lifestyle or that of your family been affected by this crime?  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_