

VICTIM IMPACT STATEMENT

COMMONWEALTH VS. _____ (Defendant Name)
DOCKET NUM. _____

As the victim of a crime you have a right to provide the judge with a victim impact statement. This form is completely voluntary and is NOT REQUIRED. If you choose, please complete and **return this form within 15** days of receiving it. It will help the sentencing judge have a clear understanding of the ongoing effect the crime has had on you and your family. A copy of this form will also be given to the prosecuting attorney/defendant and the probation department.

If you need assistance or more information regarding your victim impact statement, please call the Victim Witness Office at (570) 837-4232. Use additional paper as needed.

- 1) Please tell the court how this crime has impacted you and your family.

- 2) Please describe any emotional changes you have noticed that have occurred which are a direct result of the criminal act and indicate if you are receiving or have had therapy or counseling.

- 3) As a result of this crime were you physically injured? If yes, please describe the extent of your injuries and medical treatment prescribed.

- 4) The court is interested in your opinion about sentencing. What would you like to see happen to this defendant?

- 5) Do you agree for the offender to have WORK RELEASE? If NO please explain why, as your decision is important to our office.

Signature: _____

Date: _____