

Victim Impact Statement

Defendants' Name: _____

CR: _____

Victims Name: _____

Many people find it hard to talk about what has happen to them. Instead, many find it more comfortable to write about their experience.

The purpose of the Victim Impact Statement is to give you the opportunity to express your feelings about being a victim and to make the court aware of the losses you have suffered in this criminal matter. **Note: This document will be shared with the sentencing Judge, an Assistant District Attorney or District Attorney, and the Defense attorney and/or the Defendant.** If you need additional space, Please feel free to attach extra pages. You may add to this statement at any time.

What is your name? _____

How old are you? _____ If you attend school, what grade are you in? _____

1) Mark the words or phrases that best describe your experiences and feelings related to this crime. Please remember these are common and valid reactions.

Experiences

	Nightmares		Forgetfulness		Fear the defendant will return
	Trouble Concentrating		Uncontrollable Crying		Repeated memory of the crime
	Appetite Change		Want to be alone		No trust in anyone
	Fear of being alone		Family not as close		Family Stress
	School stress		Loss of friends		Feel like no one understands
	Feel bad about yourself		Feel anxious all the time		Fear attending school
	Anger		Guilt		Depression
	Unsafe		Numb		Sad
	Confused		Tense		Grief

2) What would you like the judge to know about you and what has happened?

3) What would you like to see to the person who committed this crime against you?

4) Is there anything else you would like to share?

Please mail this completed form to
Office of the District Attorney
359 E. Center St
Meadville, PA 16335
Or Email

hhunter@co.crawford.pa.us and arpiatt@co.crawford.pa.us

Please email both of us in case one of us is out of the office