

VICTIM IMPACT STATEMENT *For Parents of Child Victims*

Name of Parent or Guardian: _____

Name of Child: _____

***Commonwealth v.
CR***

1. Has your child been emotionally affected by this crime? If yes, you may wish to discuss how the crime may have affected your child's relationship with you, family members, and those close to you. If your child received any form of victim's services such as counseling, you may wish to mention this. Please use additional paper as necessary.

2. Was your child physically injured as a result of this crime? If yes, please include what type of injuries your child had, what medical treatment they received, and how long these injuries lasted or are expected to last. Please use additional paper as necessary.

3. Has this crime affected the way your child relates to his/her friends, either at school or in your neighborhood? Has this crime affected your child's schoolwork? Please use additional paper as necessary.

4. How has this crime affected you, your family, and those closest to your child? Some areas that may have been affected are changes in your family, in your ability to perform your work, make a living, run a household or enjoy other activities. You may also wish to mention any victim services or counseling that you and those close to your child have received. Please use additional paper as necessary.

