



CUMBERLAND COUNTY  
OFFICE OF THE DISTRICT ATTORNEY  
VICTIM SERVICES DIVISION

M. L. EBERT, JR.  
DISTRICT ATTORNEY

MICHELLE H. SIBERT  
EXECUTIVE DIRECTOR

**Commonwealth v.** \_\_\_\_\_

**Case No.** \_\_\_\_\_ **OTN No.** \_\_\_\_\_

**Juvenile** \_\_\_\_\_

**Probation Officer** \_\_\_\_\_

Your child has been the victim of a crime, and his/her statement is one way the judge will be able to understand how deeply the crime has affected him/her. This statement will give you the ability to express to the judge the impact you think this crime has had on your child. By law, a copy of this form must be given to the defense counsel. Therefore, the juvenile/adult will see it as well.

Parent/Guardian's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Your child has been the victim of a crime and his/her statement is the only way the judge will be able to understand how deeply the crime has affected him/her. This statement will give you the ability to express to the judge the impact you think this crime has had on your child.

Has your child been emotionally affected by this crime? For example, has it changed his/her behavior at home or at school? Have there been changes in attitude toward friends, people close to your child, or authority figures? \_\_\_\_\_

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Was your child physically injured as a result of this crime? If yes, you may want to consider writing about how long the injury lasted and what type of treatment was required. \_\_\_\_\_

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Has this crime affected your family or those close to you in any way? For instance, are you still able to work or enjoy other family activities that you took part in before the crime occurred?

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Additional comments \_\_\_\_\_

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**RETURN THIS FORM BY:** \_\_\_\_\_

**RETURN THIS FORM TO:** \_\_\_\_\_

**CUMBERLAND COUNTY COURTHOUSE, 1 COURTHOUSE SQUARE, ROOM 2R, CARLISLE, PA 17013**  
**PHONE: (717) 240-6220 (717) 697-0371 x6220 (717) 532-7286 x6220 FAX: (717) 240-7805**