



CUMBERLAND COUNTY  
OFFICE OF THE DISTRICT ATTORNEY  
VICTIM SERVICES DIVISION

M. L. EBERT, JR.  
DISTRICT ATTORNEY

MICHELLE H. SIBERT  
EXECUTIVE DIRECTOR

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

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

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

As the victim of a crime, you have the right to offer a statement to the Judge prior to the sentencing of the juvenile. Please address the impact **THIS** crime has had on your business, but do not describe the details of the crime itself. By law, a copy of this form must be given to the defense counsel. Therefore, the defendant will see it as well.

How has your business or agency been affected by this incident? Please include a description of the inconvenience this incident may have caused, including any type of business loss or business interruption. \_\_\_\_\_

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Has this incident affected you or your employees in any manner? Please explain. \_\_\_\_\_

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Was anyone injured as a result of this incident? If yes, please explain. \_\_\_\_\_

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Please use the additional space for any additional information you wish to provide. \_\_\_\_\_

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Date: \_\_\_\_\_ Victim's Signature: \_\_\_\_\_

Victim's Position: \_\_\_\_\_

**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**

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