



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 you and your family, 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.

Please express your feelings concerning any effects this crime has had on you and/or your family.

What consequences do you want the juvenile who committed this crime to receive?

What could the juvenile do for you and your family to repair the harm caused by this crime?

What could the juvenile do to help you reclaim your sense of safety and security?

Date: _____ Victim's Signature: _____

Print name: _____

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