



**Cumberland County Office of the District Attorney  
Victim Services Division**

**MINOR CHILD VICTIM IMPACT STATEMENT**

**Defendant:** \_\_\_\_\_

**Docket:** \_\_\_\_\_ **OTN:** \_\_\_\_\_

As the victim of a crime, you have the right to submit a **Victim Impact Statement (VIS)** to describe how this crime has affected you, and those close to you. This is a voluntary statement and you are under no obligation to fill out this form. This statement is not confidential and will be given to the defense counsel. Therefore, the defendant will see it as well. **Please return this form before:** \_\_\_\_\_

1. How do you feel about what has happened to you? (check as many as you'd like)



Happy



Relieved



Sad



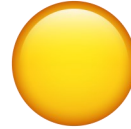
Mad



Scared



Nervous



Other

2. Is anything different at home, at school, in your neighborhood, or with friends because of what happened? Attach additional pages if necessary.

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3. How do you feel about the person who did this to you? Attach additional pages if necessary.

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4. What would you like to see happen to the person who did this to you? Attach additional pages if necessary.

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5. Is there anything additional you would like us to know? Attach additional pages if necessary.

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**Printed Name of Victim** \_\_\_\_\_ **Date** \_\_\_\_\_

**Age of Victim** \_\_\_\_\_

**Grade in School** \_\_\_\_\_

**RETURN TO:**

Cumberland County Office of the District Attorney | Victim Services Division  
One Courthouse Square, Room 2R | Carlisle, PA 17013  
Phone: 717-240-6220 | Fax: 717-240-7805 | Email: victims@ccpa.net