



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



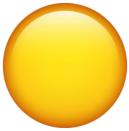
Mad



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.

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

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

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

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