



CUMBERLAND COUNTY
OFFICE OF THE DISTRICT ATTORNEY
VICTIM SERVICES DIVISION

DAVID J. FREED
DISTRICT ATTORNEY

DONNA VANDEMORTEL
EXECUTIVE DIRECTOR

Commonwealth v. _____

Case No. _____ **OTN No.** _____

Assistant District Attorney _____

As the victim of a crime, you have the right to offer a statement to the Judge prior to the sentencing of the defendant. 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.

1. Describe any emotional changes that are a direct result of this criminal act. Include any counseling or therapy you may have received. _____

2. If you were physically injured as a result of this crime, describe your injuries. Did you receive medical treatment? _____

3. Are you, or were you, unable to work as a result of this crime? _____

4. Has your lifestyle, or that of your families, been affected by this crime? _____

Use the additional space or back of this form for any additional information you wish to provide. _____

Date _____

Victim's Signature _____

RETURN THIS FORM TO:

CUMBERLAND COUNTY COURTHOUSE, ONE COURTHOUSE SQUARE, ROOM 201, CARLISLE, PA 17013
PHONE: (717) 240-6220 (717) 697-0371 x6220 (717) 532-7286 x6220 FAX: (717) 240-7805

e-mail: victims@ccpa.net