

## VICTIM IMPACT STATEMENT

As the victim of a crime, you have a right to give a victim impact statement to the judge at the time of sentencing. You do not have to complete this form. It is up to you. However, it will help the judge understand how this crime has hurt you and your family. Please do not tell us the facts of the case. You may use this form to tell the court how this crime has caused changes in your life.

You can fill out this form or just use it as a guide to write your own statement. You can mail your statement to the address below or FAX it to (215) 340-8885. If you need more information or help, please call the Victim/Witness Assistance Unit at (215) 348-6292 or 6305. (You may use more paper if you need to).

Office of the District Attorney  
Victim/Witness Assistance Unit  
Bucks County Courthouse  
Doylestown, Pa. 18901

COMMONWEALTH VS

CASE NO.:

CHARGE:

TRIAL DATE:

VICTIM:

1) Please tell us about the emotions you felt as a result of this crime.

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2) Have you received counseling as a result of this crime? \_\_\_\_\_ If yes, please tell us the length of time you expect to go to counseling as a result of this crime:

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3) Has this crime changed your ability to earn a living? \_\_\_\_\_ If yes, please tell us about your job and how things have changed:

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4) As a result of this crime, were you physically hurt? \_\_\_\_\_ If yes, tell us about your injuries:

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5) Did you receive medical care for your injuries? \_\_\_\_\_ If yes, tell us about the treatment you received and whether it is still continuing:

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6) Did you suffer a financial loss as a result of this crime? \_\_\_\_\_ If yes, for what damage or injury?

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What is the amount of your loss? \_\_\_\_\_

7) Do you wish to be present at sentencing? \_\_\_\_\_

If yes, please give us a daytime phone number: \_\_\_\_\_

8) The Judge will impose a sentence based on the law and state sentencing guidelines. What sentencing conditions do you believe are justified based upon the defendant's conduct or other circumstances of this case? (Please check those that apply)

- \_\_\_\_\_ House arrest
- \_\_\_\_\_ Work release
- \_\_\_\_\_ A "No Victim Contact" condition
- \_\_\_\_\_ A letter of apology to the victim
- \_\_\_\_\_ Community service
- \_\_\_\_\_ Pay restitution
- \_\_\_\_\_ Anger management counseling
- \_\_\_\_\_ Drug & alcohol treatment
- \_\_\_\_\_ Mental health treatment

Please explain:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_