Victim/Witness Assistance Program of Adams County

Support Services for Victims of Crime

MINOR CHILD VICTIM IMPACT STATEMENT

Defendant: _____ **Case Number:** _____

Printed Name of Victim _____ **Date** _____

Age of Victim _____ **Grade in School** _____

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 may be given to the defense counsel. Therefore, the defendant may see it as well.

1. How do you feel about what has happened to you? (circle 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.*

_____

_____

_____

RETURN TO: Victim/Witness Assistance Program, 117 Baltimore Street, Gettysburg, PA 17325

Phone: 717-337-9844 | Fax: 717-334-3859