



**Victim/Witness Assistance Program of Adams County**  
*Support Services for Victims of Crime*

**PARENT/GUARDIAN OF MINOR CHILD**  
**VICTIM IMPACT STATEMENT**

Defendant: \_\_\_\_\_ Case Number: \_\_\_\_\_

Print Name of Victim \_\_\_\_\_

Print Name of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Your child has been the victim of a crime. As your child’s parent or guardian, you have the right to submit a **Victim Impact Statement (VIS)** to describe how this crime has affected your child and those close to your child. 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. The **VIS** is not a retelling of the incident, but a description of how your child’s life and the lives of their loved ones have been changed by this crime. Please include any emotional changes, physical injuries, lifestyle changes, and/or financial burdens that have been endured. Attach additional pages if necessary.

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2. Which of these outcomes closely reflects your beliefs about an appropriate sentence? Please keep in mind that Pennsylvania does follow sentencing guidelines. Check all that apply.

- Probation Supervision
- Time in Jail/Prison
- Special Conditions (Circle all that apply):
 

<input type="checkbox"/> Drug/Alcohol Treatment	<input type="checkbox"/> Psychological Treatment
<input type="checkbox"/> Anger Management	<input type="checkbox"/> Domestic Violence Program
<input type="checkbox"/> No Contact w/Victim(s)	<input type="checkbox"/> Parenting Classes

3. If the defendant is eligible for the **Accelerated Rehabilitative Disposition (ARD) Program**, and successfully completes the program, the defendant’s charges will be expunged (removed from the public criminal record). The requirements of this program include: court costs, restitution paid in full, crime prevention classes, community service, recommended counseling, and a period of probation. The decision to accept or deny enrollment into the ARD program is at the discretion of the District Attorney. However, your position and input are greatly considered. \_\_\_\_\_ Approve \_\_\_\_\_ Object

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

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