

RETURN THIS STATEMENT TO THE DA OFFICE.

This information requested is important to help the prosecutor and the judge who will be dealing with this case to evaluate properly the effect this crime has had on you. This form will be available for the judge before he/she sets the defendant's punishment. If there is not enough space on this form, you may use additional pages. This form will also be available to the defendant/defense attorney. **THIS FORM IS NOT CONFIDENTIAL.**

Defendant's Name: _____ **Adult Court Case Number** _____

**FOR THE SCHOOL-AGED CHILD
VICTIM IMPACT STATEMENT**

What is your name?

How old are you?

What grade are you in school ?

Please write or draw anything you would like the judge to know about how you feel because of what has happened to you. You may want to write about anything that has changed in your life or in your family. You can even tell a story or write a poem if you would like.

Please write or draw anything you want the judge to know that may be different at school, in your neighborhood or with your friends because of what has happened to you.

If you were a judge, what would you do to the defendant (the person who did this crime to you)?

- A. Send to jail**
- B. Pay some money**
- C. Go to a doctor to get help**
- D. Nothing**
- E. Stay away from kids**
- F. What else? Put your own ideas here.**
