

RETURN THIS STATEMENT TO THE DA OFFICE.

VICTIM IMPACT STATEMENT OF PARENT(S) OF CHILD VICTIM

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 and your child. 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.**

IDENTIFYING INFORMATION

DEFENDANT

CASE NO.

DATE OF BIRTH

VICTIM DATA

INITIALS OF YOUR CHILD

DESCRIBE THE EFFECTS THIS CRIME HAS HAD ON YOU AND YOUR CHILD PHYSICALLY, FINANCIALLY, PSYCHOLOGICALLY AND EMOTIONALLY.

(i.e. physical ailments, medical tests, medical and counseling costs (note if on-going), repair damage, replacement, loss of school time, your loss of work time, performance at work/school, your child's change in relationships with family, friends, need for counseling, fears as a result of the crime, etc.)

INDICATE WHAT YOU WOULD RECOMMEND FOR THE DEFENDANT AT SENTENCING.
(i.e. jail (misdemeanor), prison (felony), fine, other options: probation, restitution, counseling, community service, etc.)

Signed _____ Date _____

Relationship to Case: Parent of Victim