

ATTENTION: JUDGE

If Victim Impact Statement is received prior to conviction, do not read until they become relevant at the time of sentencing.

VICTIM IMPACT STATEMENT FOR SCHOOL-AGED CHILD

THIS FORM IS NOT CONFIDENTIAL

RETURN YOUR STATEMENT TO:

WINNEBAGO COUNTY DISTRICT ATTORNEY VICTIM WITNESS PROGRAM
PO BOX 2808, 448 ALGOMA BOULEVARD
OSHKOSH WI 54903-2808

| | | | | | |
|--|--|----------------------|--|--------------------------|--|
| DEFENDANT: _____ | | | BRANCH: _____ | | |
| CASE NO.: _____ | | WN NO.: _____ | | PROSECUTOR: _____ | |
| COMPLETE THE SECTION BELOW. | | | | | |
| ATTENTION: WRITE ONLY THE INITIALS OF THE VICTIM'S NAME | | | | | |
| VICTIM INITIALS: _____ | | | DATE: _____ | | |
| 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. If you need more room, it is fine to attach another sheet of paper.

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.