

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 PARENT OF CHILD VICTIM

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: VICTIMS UNDER 18 → WRITE ONLY THE INITIALS OF THE VICTIM'S NAME			
VICTIM:		DATE:	
VICTIM PARENT:		DATE:	

DESCRIBE THE EFFECTS THIS CRIME HAS HAD ON YOU AND YOUR CHILD PHYSICALLY, FINANCIALLY, PSYCHOLOGICALLY AND EMOTIONALLY. INCLUDE IF YOUR CHLD WAS A VULNERABLE VICTIM. DID THE OFFENDER KNOW YOU WERE A VULNERABLE VICTIM? DID YOUR CHILD SUFFER BODILY HARM OR OTHERWISE HARMED? HOW MENTALLY - EMOTIONALLY. (i.e. physically ailments, medical tests, medical and counseling costs (indicate if on-going), repair damage, replacement, loss of work or school time. Obtainment of more security devices, 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 services, etc.)