

**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

<b>JUVENILE:</b>	<b>BRANCH:</b>
<b>CASE NO.:</b>	<b>WN NO.:</b> <b>PROSECUTOR:</b>

**COMPLETE THE SECTION BELOW.**

**ATTENTION: VICTIMS UNDER 18 → WRITE ONLY THE INITIALS OF THE VICTIM'S NAME**

<b>VICTIM:</b>	<b>DATE:</b>
<b>VICTIM PARENT:</b>	<b>DATE:</b>

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. secure detention, formal supervision, restitution, counseling, community services, etc.)