

# VICTIM IMPACT STATEMENT

As the victim of a crime, you have the opportunity to provide the court with a victim impact statement. The completion of this form is voluntary. However, it will help the sentencing judge, as well as the prosecuting attorney, have a clear understanding of the affect that this crime has had on you and your family. This is not a request to recite the facts of the case, but to provide the court with information concerning the impact that this offense has had on your life.

You may complete this questionnaire and submit it as is, or you may use it as a guideline to compose your own letter. Please mail your completed statement to the address below or FAX to (215) 340-8885. If you would like more information or assistance, you may contact the Victim/Witness Unit at (215) 348-6292 or 6305. (Please use additional paper as needed).

Office of the District Attorney  
Victim/Witness Assistance Unit  
Bucks County Courthouse  
Doylestown, Pa. 18901

COMMONWEALTH VS:

CASE NO.:

CHARGE:

TRIAL DATE:

VICTIM:

1) Has the crime affected you emotionally or psychologically? \_\_\_\_\_ If so HOW?

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2) Have you received any counseling or therapy as a result of this incident? \_\_\_\_\_ If yes, please describe the type of treatment and the length of time you have been and/or expect to be undergoing such treatment: \_\_\_\_\_

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3) Has this incident affected your ability to earn a living? \_\_\_\_\_ If yes, please describe your employment and specify how, and to what extent, your ability to earn a living has been affected: \_\_\_\_\_

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