

Victim Impact Statement

You have been identified as a victim of crime. Although many crime victims experience similar feelings, questions and concerns as a result of a crime, no two victims experience the same emotional and physical impact. Only you as the victim of this particular crime can express your feelings about the impact. One way to do this is to fill out the attached Victim Impact Statement. We understand that not everyone feels comfortable expressing their feelings on paper. However, we want you to know that the Victim Impact Statement is your opportunity to describe to the District Attorney's Office and the Judge the impact this crime has had on your life and those close to you; it is not an obligation.

If you would like to submit a Victim Impact Statement for the courts review, one is attached for your use. We also want to let you know your statement will become an official court document after it is given to the court and will become part of the defendant's permanent file. Impact statements are discoverable evidence under the law and may be provided to the defense attorney. The judge, prosecutor and probation officer (if a pre-sentence investigation is ordered by the court) will read your statement. Your address and phone number will not be part of this statement.

Please utilize the attached Victim Impact Statement and feel free to attach additional sheets if necessary. If the victim is a small child, they may provide a drawing.

Thank you for taking the time to provide us with this information and helping us understand how you have been affected by this crime. If you have any questions or concerns, please do not hesitate to contact our office.

**Victim Witness Unit
Luzerne County District Attorney's Office
(570) 825-1674**

Commonwealth v.

Case No.: CP-40-CR-000

VICTIM IMPACT STATEMENT

Please utilize the space below to express your feelings concerning the impact this crime has had upon you. Do not give an account of the circumstances surrounding the crime. Rather, emphasize the after-effects that the crime has had upon you, the victim, in your every day life. We want to know how this crime has affected you personally. Please feel free to attach additional sheets if necessary.

This form should be returned to the Victim Witness Unit as soon as possible.

Signature: _____

Date: _____