

Victim Impact Statement

For Parents of Child Victims:

This form is optional but important. It will allow the sentencing judge and staff to know your feelings about being the victim of crime and how the crime affected you. The information you provide on this form does not need to be limited to the questions asked. If you need additional space, please feel free to attach extra pages.

People vs.

Case Key:

1. Has your child been emotionally affected by this crime? If yes, you may wish to discuss how the crime has affected your child=s relationship with you, family members, and those close to you. If your child received any form of services, such as counseling, you may wish to mention this.

2. Was your child physically injured or hurt as a result of this crime? If yes, you may wish to write about the type of injuries your child has, what medical treatment your child received, and how long those injuries lasted or are expected to last.

3. Has this crime affected the way your child relates to his or her friends, either at school or in your neighborhood? Has this crime affected your child's school work in any way?.

4. What is your opinion of an appropriate sentence?

Parent/Guardian's Signature _____ Date _____

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Victim's Name

A solid red rectangular box used to redact the victim's name.

*****You may add to this statement at any time*****