

**VICTIM IMPACT STATEMENT**

**COMMONWEALTH VS:** \_\_\_\_\_

*Assistant District Attorney:* \_\_\_\_\_

*Victim/Witness Advocate:* \_\_\_\_\_

*Name:* \_\_\_\_\_

*If you are not the victim, please state what relationship you have with the victim.*

\_\_\_\_\_

**Physical Impact of the Crime:**

1. *As a result of this incident, did you suffer any physical injuries? Yes\_\_\_\_\_ No\_\_\_\_\_*

*If yes, please describe your injuries. Include any medical attention received and the length of time treatment was required.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. *Did other family members suffer any physical injuries? Yes\_\_\_\_\_ No\_\_\_\_\_*

*If yes, please describe.*

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**Financial Impact of the Crime:**

3. Please indicate the amount of medical expenses, or property damage incurred to date as a result of the crime.

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**Emotional Impact of the Crime:**

4. What is the emotional impact that this crime has had on either you or your family?

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5. Has this incident affected your ability to earn a living or to go to school?  
If yes, please describe to what extent.

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**Recommendation:**

6. *Would you like to express any thoughts or recommendations in regards to sentencing?*

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*If you need additional room to answer any of these questions, please feel free to use the space below, or the backs of any of these pages.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_