**VICTIM IMPACT STATEMENT**

As the victim of a crime, you have a right to submit a statement to the Judge prior to the sentencing or disposition of a Defendant. This form is provided to you as a guide ONLY. PLEASE NOTE: By Law, A copy of your statement must be given to defense counsel.

*COMMONWEALTH VS* *DEFENDANT NAME*

DOCKET NUMBER CR     -200

Your Name: First Last

1. Please describe any emotional changes you have incurred as a direct result of this criminal act.
2. Were you physically injured as a result of this crime? Yes  No  If so, please describe your injuries and any treatment you received.
3. Were you unable to work as a result of this crime? Yes  No  Did You Lose Wages? Yes  No  Describe the financial impact of this crime.
4. Has your life style or that of your family been affected by this crime? Yes  No  If so, how?
5. Is there anything else you would like the Judge to know regarding the impact of this crime?

Signature Date: 9/20/2017

If you need assistance in preparing a Victim Impact Statement, please call the Crawford County District Attorney’s Office at 814-333-7455.