

Childs Victim Impact Statement

Please complete this entire form and return to:
Crawford County Juvenile Probation
286 Chestnut Street
Meadville, PA 16335
814-336-4061

This is YOUR chance to tell the Judge how YOU feel!

Commonwealth VS.

How did this crime make you feel?

(circle as many as you need)



MAD



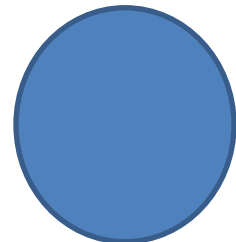
SCARED



SAD



HAPPY



OTHER

What do you want to happen to _____ ?

(examples: probation supervision, pay a fine, get help from a doctor or counselor, community service, nothing, or your own idea)

Use this page to tell the Judge how you feel.

You can write what happened, draw a picture, tell a story, or use whatever you want to explain how you feel now.

Parent Portion

Your name:

Relationship to child:

1. Has your child been emotionally affected by this crime? Please discuss how this crime has affected your child's relationship with you, other family members, and others close to you.

2. Has your child received any victim services such as counseling?

3. Was your child physically injured as a result of this crime? If yes, please describe the physical injuries and include any medical bills that may pertain to this case. Use additional paper if necessary.

4. Has this crime affected the way your child relates to his or her friends?

5. Has this crime affected your child in school?

6. Please include anything else you would like the Judge to know about how this crime has impacted your family.

In the Interest of : _____

Address _____

Phone number _____ Email: _____

Note: It is your responsibility to report any address changes to the Juvenile Probation Dept.

Please use this form to list any expenses you have incurred or paid as a result of this crime. Some sections may not apply to you. Please attach copies of bills, receipts, estimates of value, replacement cost, or other evidence of costs below. Attach additional pages as necessary.

IF NO LOSS, check this box, mark communication request and sign at bottom of page

Description of Loss: Items stolen, damaged, etc.

Value

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Attach additional pages as necessary.

TOTAL LOSS \$ _____

Insurance Information

Please complete this section if you received or expect to receive any payments from your Insurance Company. (Auto, Property, Medical, Homeowners)

Name of Company _____

Local Agent _____

Phone number _____ Policy Number _____

Claim# _____

Amount paid by insurance company \$ _____

(Deductible can be claimed as loss on page 1)

To help us better serve your needs; please check one of the following:

Please continue all notifications regarding the progress of this case.

Please send no further communication.

If you change your mind and would like notifications regarding this case, please contact this office at 814-336-4061.

Please indicate if you or your child would like an apology letter.

I would like an apology letter from the juvenile in this case.

I do not wish to receive an apology letter.

***I hereby swear that all the afore-listed information is absolutely true and correct to the best of my knowledge.**

Signature of Victim or Parent of Victim _____ Date _____