**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.