

# 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.

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How did this crime make you feel?

(circle as many as you need)



MAD



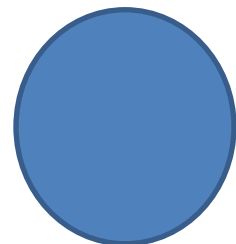
SCARED



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)

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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.

# Adult Portion Victim Impact Statement

As a victim of crime or as the parent/guardian to a crime victim, you have a right to submit a statement to the Judge prior to the adjudication or disposition of a juvenile offender.

This form is provided to you as a guideline only. You may write a letter on a separate sheet of paper if you wish. Please make certain that you include the above case number and the defendant's name at the top of your letter, along with words: Victim Impact Statement. Be sure to sign and date your statement.

**If you need assistance in preparing a Victim Impact Statement, or have any questions, please do not hesitate to call the Crawford County Juvenile Probation Department at (814) 336-4061 and ask for the Victim/Witness Coordinator, Cameo Behr.**

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.

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

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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.

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

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5. Has this crime affected your child in school?

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

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**Does the Juvenile Probation Department have your permission to use this impact statement during Victim Community Awareness Classes?**

YES, please use my experience to help show how crime impacts victims.

NO, I wish to keep my impact statement private.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

# RESTITUTION CLAIM FORM

In the Interest of:

Loss sustained by:

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact: Phone Call  Text Message  Email

**\*Note\*: It is your responsibility to report any address/phone number changes to the Juvenile Probation Dept.**

Restitution is part of the disposition ordered to reimburse victims for their DIRECT losses as the result of the crime. This includes property loss, cash loss, medical expenses and counseling bills. In order to request restitution on your behalf, I need the following information as well as supporting documentation. If you have questions please call me at 814-336-4061. Please attach copies of bills, receipts, estimates of value, replacement costs, or other evidence of costs.

**IF NO LOSS, check this box and sign at bottom of page**

Description of Loss: Medical expenses, Items stolen, damaged, etc.	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL LOSS	\$ _____

Do you have any medical bills as a result of this crime?  Yes  No. If "yes" please provide copies.

Is your treatment completed?  Yes  No. Have you received all of your bills?  Yes  No.

Did insurance pay for some of your damages/losses?  Yes  No If "yes", please provide the following information.

Insurance type  Auto  Homeowners  Defendants Insurance  Other

Name of Company \_\_\_\_\_ Local Agent \_\_\_\_\_

Phone # \_\_\_\_\_ Policy # \_\_\_\_\_ Claim # \_\_\_\_\_

Deductible \$ \_\_\_\_\_ Amount paid by insurance company: \$ \_\_\_\_\_

**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.

**Would you like to receive an apology letter from the juvenile?**

Yes  NO

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

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_