

# VICTIM IMPACT STATEMENT

PLEASE RETURN WITHIN 30 DAYS OF RECEIPT

Please contact the Juvenile Probation Victim Services Unit if you will be later than 30 days.

Name of Victim:

Name of Juvenile:

Docket No.: CP-46-JV- -

*The Juvenile Court Judge and the Juvenile Probation Department would like to know the impact this crime has had on you. Please answer the questions below. If the victim is a minor, a parent or guardian may write the statement. Special forms for young children are also available. Only court personnel or others, only with your expressed permission, may see this statement.*

1. Please describe the emotional and psychological impact this crime has had on you and your family. Please discuss your feelings about how the crime has impacted your daily life and affected your general well being.

2. How has the crime affected you physically (if applicable)?

3. What could the juvenile do for you or your family to repair the harm caused by this crime?

By checking this box the typed name entered below is your electronic signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Would you like to receive a letter of apology from the offender(s)? yes  no

Do you give permission for this statement to be used in treatment of the offender or in a victim awareness class for offenders? yes  no

Should your name be removed? yes  no