Defendant: _____ ADA: _____

Offense & Case #: _____

VICTIM IMPACT STATEMENT (SCHOOL-AGED)

If you wish, please answer the following questions:

What is your name? _____

How old are you? _____

What grade are you in? _____

The District Attorney cares about what has happened to you, and would like to know how you feel about what has happened. You are not required to complete this form; however, it would be helpful. The Assistant District Attorney uses this form to make the court aware of how you were affected by what has happened. Please write about anything that has changed in your life, with your family, school or friends. Also, if you wish, you can tell us what you think the court should do. You may attach another sheet of paper if needed.

_____

_____

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Please turn to the next page

Is there anything else that concerns you? Is there anything else you wish to tell the District Attorney?

Thank you for taking time to provide the District Attorney with this important information.