

Defendant: \_\_\_\_\_ Assistant District Atty.: \_\_\_\_\_

Offense & Case #: \_\_\_\_\_

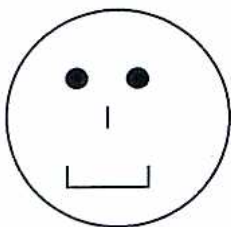
### VICTIM IMPACT STATEMENT FOR YOUNG CHILDREN

What is your name? \_\_\_\_\_

How old are you? \_\_\_\_\_

If you go to school, what grade are you in? \_\_\_\_\_

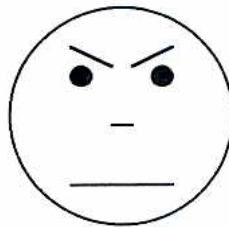
The District Attorney cares about what has happened to you.  
How do you feel about what has happened to you?  
(You can circle as many as you like.)



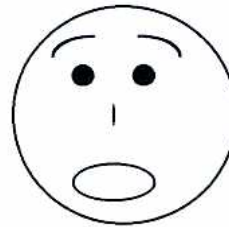
**Happy**



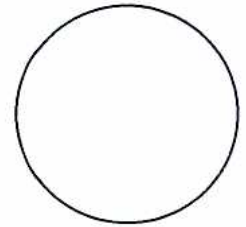
**Sad**



**Mad**



**Scared**



**Other**

*Please turn to the next page*

If you want to, you can use this page or another page to write or draw anything else you would like the District Attorney to know about your feelings. If you do not want to that is okay.

Thank you for filling out this important paper.