Commonwealth v. _____

Victim Name:			
Day Telephone #:	Evening Telephone #:		
Cell #:	Email Address:		
Address:	City, State, Zip:		
Preferred method of contact:			
Did you have help filling out this form?			
Filled out with assistance from:			

The Court would like to know how this crime has and continues to affect you. The Victim Impact Statement gives you the opportunity to share your thoughts and feelings about this case, in addition to any changes in your life due to this crime. These comments will be taken into consideration when the disposition is made in the case.

The questions below are guidelines to assist you in collecting your thoughts regarding the outcome of the case. The comments should be focused only on the current crime that the defendant is accused of, not pending or unrelated charges. The Victim Impact Statement should include information concerning the effect that the crime committed by the defendant has had on the victim, including physical or psychological effects and financial harm. *Please do not tell us the facts of the case in this form*.

This form can be submitted to Sullivan County District Attorney's Office, PO Box 157, 245 Muncy Street, Laporte, PA 18626.

1. Please tell us about the emotions you felt or the psychological impact of this crime on you and/or those closest to you.

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2.	Has this crime changed your ability to earn a living?
	If yes, please tell us about your job and how things have changed.
3.	Were you physically hurt as a result of this crime?
	 a. Did you receive medical care for your injuries? If yes, please tell us about your injuries and any treatment you received or are continuing to receive.
4.	Did you suffer any financial loss or property damage as a result of this crime?
	a. Are you seeking restitution?
5.	If the Defendant is subject to State Incarceration (a sentence of 12 months or more) the following programs may apply.
	Recidivism Risk Reduction Incentive (RRRI) reduce minimum sentence (17%-25%) for parole.
	State Intermediate Punishment (SIP)

Boot Camp 6 month program w/ immediate parole

24 months (6 months in DOC) + Drug and Alcohol Program

a. If you oppose any of the programs, please explain why you don't believe it would be effective in this case.

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6. The Judge will impose a sentence based on the law and state sentencing guidelines. What sentencing conditions do you believe are justified based upon the defendants conduct or other circumstances of this case. *Please check those that apply*.

Incarceration	House arrest/Electric Monitoring				
Work Release	A "No Victim Contact" condition				
A letter of apology to the victim	Community Service				
Pay restitution	Anger management Counseling				
Mental health treatment	Other				
Please explain:					

The information that I have provided is true and correct. I give my permission to use the information in court proceedings related to this case. I understand that this information may be shared with he defendant and defendant's counsel.

Signature: _____

Date: _____