





**VICTIM IMPACT STATEMENT**

Commonwealth v. \_\_\_\_\_

2. Has this crime changed your ability to earn a living? \_\_\_\_\_  
*If yes, please tell us about your job and how things have changed.*

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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.*

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4. Did you suffer any financial loss or property damage as a result of this crime? \_\_\_\_\_

- a. Are you seeking restitution? \_\_\_\_\_  
*If yes, please fill out the Restitution Form.*

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) <i>reduce minimum sentence (17%-25%) for parole.</i>
State Intermediate Punishment (SIP) <i>24 months (6 months in DOC) + Drug and Alcohol Program</i>
Boot Camp <i>6 month program w/ immediate parole</i>

- 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.*

- |  |   |
|--|---|
| <input type="checkbox"/> Incarceration                     | <input type="checkbox"/> House arrest/Electric Monitoring |
| <input type="checkbox"/> Work Release                      | <input type="checkbox"/> A “No Victim Contact” condition  |
| <input type="checkbox"/> A letter of apology to the victim | <input type="checkbox"/> Community Service                |
| <input type="checkbox"/> Pay restitution                   | <input type="checkbox"/> Anger management Counseling      |
| <input type="checkbox"/> Mental health treatment           | <input type="checkbox"/> Other                            |

*Please explain:*

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**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: \_\_\_\_\_