

Defendant _____

VICTIM IMPACT STATEMENT

What is your name? _____

How old are you? _____ What grade are you in _____

The judge wants to know how you feel about what has happened. Answer only the questions you want to answer.

Has anything changed at home because of what happened? _____

Has anything changed at school or with your friends since this happened? _____

Are any of your feelings different? _____ How do you feel? _____

Who can you talk to about your feelings? _____

What would you like the judge to do or say to the person who did this to you?

Signature

Date

Witness

Date

VICTIM IMPACT STATEMENT PROVIDED BY:
WILLIAMS COUNTY VICTIM ASSISTANCE PROGRAM
228 S. Main Street
BRYAN, OH 43506
(419) 636-6195

Please write or draw anything you would like the judge to know about how you feel because of what has happened. You may tell a story, write a poem, draw a picture, etc.

Signature

VICTIM IMPACT STATEMENT PROVIDED BY:
THOMAS A. THOMPSON, WILLIAMS COUNTY PROSECUTOR
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