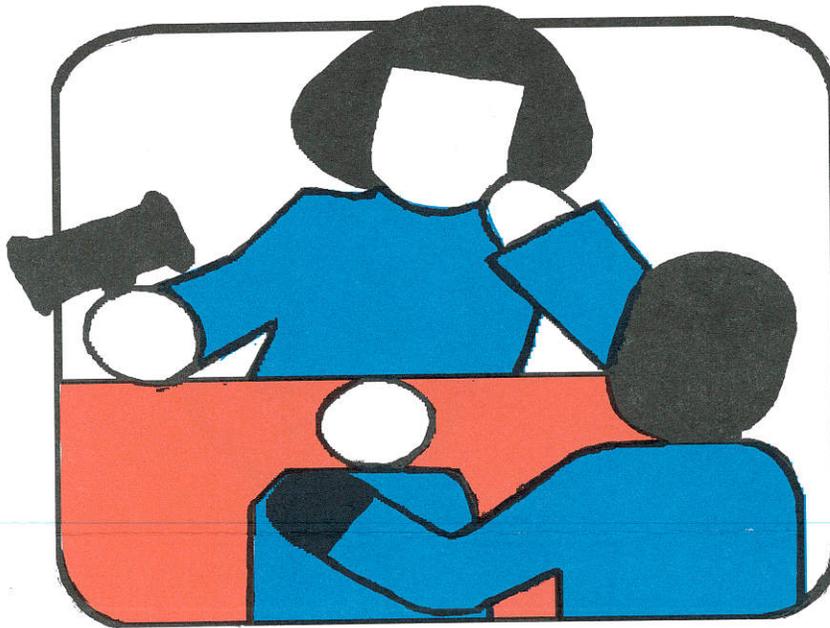


# KIDS' VICTIM IMPACT STATEMENT

**TELL THE JUDGE HOW  
YOU FEEL!**



**You are important. The Judge wants you to tell him or her how the crime made you feel. The Judge also wants to know what you would like to see happen to the person who committed the crime. This form can help you tell the Judge these important things. An adult may help you, but this form is just for you.**

## INFORMATION ABOUT YOUR CASE



Let an adult help you with this part.

Commonwealth vs. \_\_\_\_\_

Date: \_\_\_\_\_

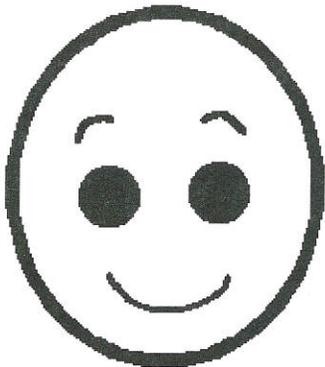
Charges: \_\_\_\_\_

Child's name: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Person helping with form: \_\_\_\_\_

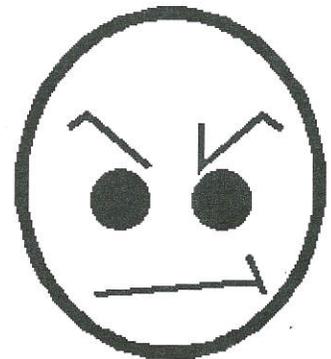
**HOW DID THIS CRIME MAKE YOU FEEL?  
(Circle as many as you like. You can also  
draw your own!)**



**HAPPY**



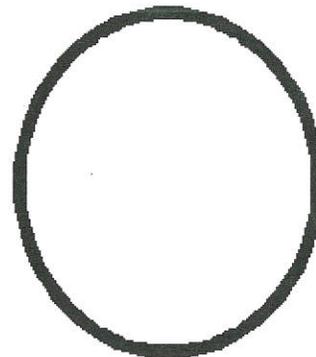
**SAD**



**MAD**

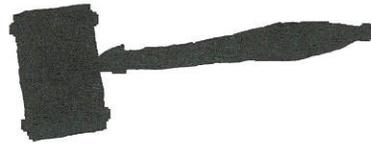


**SCARED**



**OTHER**

**IF YOU WERE THE JUDGE, WHAT WOULD YOU DO TO \_\_\_\_\_?**



**(Circle as many as you like.)**

- A. SEND TO JAIL
- B. PAY A MONEY FINE
- C. GET HELP FROM A DOCTOR OR COUNSELOR
- D. STAY AWAY FROM KIDS
- E. NOTHING
- F. WHAT ELSE? ADD YOUR OWN IDEA:

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**YOU MAY USE THE NEXT PAGE TO TELL THE JUDGE HOW THE CRIME HAS MADE YOU FEEL. YOU CAN DRAW A PICTURE, WRITE A POEM, TELL A STORY, SAY WHAT HAPPENED TO YOU, OR ANYTHING ELSE YOU MAY WANT TO SAY OR DO.**

**THIS IS YOUR SPACE!**

**TELL THE JUDGE HOW  
YOU FEEL!**

**MAIL THIS FORM BACK BY:** \_\_\_\_\_

**VICTIM-WITNESS ASSISTANCE PROGRAM  
P. O. BOX 40  
YORKTOWN, VA 23690  
(757) 890-3402**

Based on information from the Newport News Victim-Witness Assistance Program. Produced by the York-Poquoson Victim-Witness Assistance Program. Brochures funded by the Department of Criminal Justice Services.