

## VICTIM IMPACT STATEMENT

As a crime victim, you have the opportunity to provide a Victim Impact Statement describing how this crime affected you and your family. Your statement may include the physical, emotional and financial effects of this crime and how it has changed you life. If the defendant pleads guilty or is found guilty after trial, your Impact Statement will help the Judge understand how this crime has affected you And those close to you.

**If you need more space to answer any of the following questions, simply attach any additional written statements to this impact statement. Thank you.**

Your Name \_\_\_\_\_

Defendant's Name(s) \_\_\_\_\_

\_\_\_\_\_ I DO NOT WISH TO MAKE A STATEMENT. (If you do not wish to make a statement, please mark this area and return to my office.)

1. How has this crime affected you and those close to you? Please discuss your feelings about what has happened and how it has affected your general well-being.

SENTENCING RECOMMENDATION

1. What are your thoughts regarding the sentence the Court should impose on the defendant?

2. Would you like the judge to issue a "no contact" order instructing the defendant to stay away from you and your family and not have any other contact with you and your family?

Yes \_\_\_\_\_ No \_\_\_\_\_ Your comments:

**I DECLARE UNDER PENALTY OF LAW THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return your completed forms to: Tracy Park  
Victim/Witness Coordinator

502 Liberty Street  
Clarion, PA 16214

814-226-4423

Responsibility of Victims of Crime under basic bill of rights – 18 P.S. 11.211

A victim shall provide a valid address and telephone number and any other required information to all agencies responsible for providing information and notice to the victim. The victim shall be responsible for providing timely notice of any changes in the status of the information. The information provided shall not be disclosed to any person other than a law enforcement agency, corrections agency or prosecutor's office without the prior consent of the victim.

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

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

\_\_\_\_\_

**Phone Numbers:**  
**(Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**What is the best way for us to reach you?**

- Phone** (circle one: Home Work Cell)
- Is it OK to leave you a message?** Yes No
- Mail**
- E-mail**

As per PA Corrections Package (Act 81-84) which became effective November 24, 2008 requires the District Attorney to inquire of the crime victims we serve, how you feel about **Work Release** and **Early Parole**. *This only applies to defendants who may be eligible and make application to the Courts and to Victims who are "Registered" with the County and State Correction Facility.*

[www.pacorrectionspackage.state.pa.us](http://www.pacorrectionspackage.state.pa.us)

**Work Release** means that the defendant would be released while at his/her place of employment, but then be returned to Clarion County Jail.

I consent to **Work Release**: \_\_\_\_\_

I oppose **Work Release**: \_\_\_\_\_

If you oppose, Please provide your response \_\_\_\_\_

**Early Release** means that the defendant would be released from his prison confinement early based on certain requirements under the direction of the correctional facility and court.

I consent to **Early Release**: \_\_\_\_\_

I oppose **Early Release**: \_\_\_\_\_

If you oppose, Please provide your response? \_\_\_\_\_

## RESTITUTION CLAIM FORM

When a person is found guilty of a crime, that person must pay money to the victim. The money is to repay the victim for financial losses that happened because of the crime. This money is called "restitution."

Restitution can help repay you for loss of property, loss of money, medical bills and counseling bills. The losses or bills must have happened because of the crime. If your insurance company has paid for a loss already, restitution can repay your insurance company.

You must show proof of your loss. You can do this through bills or other paperwork. Collect your bills and keep them together in one place.

This form will be used to help decide how much money the defendant will need to repay. Please tell us if you need help with this form.

**Did you lose money as a result of this crime?**    Yes    No    I'm not sure  
**Do you have bills as a result of this crime?**    Yes    No    I'm not sure

If you answered "yes" to either of these questions, please tell us about the money you lost and bills you have to pay.

Description	Dollar Amount	How much has insurance paid for? (circle one)		
1. _____	_____	All	Some	None
2. _____	_____	All	Some	None
3. _____	_____	All	Some	None
4. _____	_____	All	Some	None
5. _____	_____	All	Some	None

What is the amount of money you believe the defendant owes to you? \$ \_\_\_\_\_

Name of Insurance

Company: \_\_\_\_\_

Local

Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number \_\_\_\_\_ Claim Number \_\_\_\_\_

Date of Claim \_\_\_\_\_ Contact Person's Name \_\_\_\_\_

I hereby swear that all the afore-listed information is absolutely true and correct to the best of my knowledge

\*NOTE: Any information given falsely may subject you to a possible criminal action for unsworn falsification to authorities, under section no. 4904 of the Criminal Code of the Commonwealth of Pennsylvania, with the consequence of a penalty of one year in jail, and/or a \$2500 fine.

Restitution Payments to be sent to:

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

ATTENTION: This page is needed so that the court will have your correct information for restitution purposes.

TO HELP US SERVE YOUR NEEDS, PLEASE CHECK ONE OF THE FOLLOWING:

- \_\_\_\_\_ 1. Please continue all notifications regarding the progress of this case.
- \_\_\_\_\_ 2. Please notify me ONLY AFTER the defendant has been sentenced.
- \_\_\_\_\_ 3. Please send no further communications.