

Commonwealth of Virginia

vs _____

CR: _____

CD: _____

GJ: _____

CHARGE(S): _____

Victim Impact Statement *for the school-aged child*

What is your name? _____

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

1. Please write or draw anything you would like the judge to know about how you feel because of what happened to you. You may want to write about anything that has changed in your life or in your family. You can even tell a story or a poem if you would like. You can add more paper if you run out of room.

Victim Impact Statement *for the school-aged child*

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2. Please write or draw anything that you want the judge to know that may be different at school, in your neighborhood or with your friends because of what has happened to you. You can add more paper if you run out of room.

Please return your statement to:

Victim Witness Assistance Program
Office of the Commonwealth's Attorney
9401 Grant Avenue
Manassas, VA 20110