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ADULT VICTIM WITNESS COORDINATOR

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JUVENILE VICTIM WITNESS COORDINATOR

VICTIM IMPACT STATEMENT

VICTIM'S NAME

DEFENDANT'S NAME AND DOCKET NUMBER

As a crime victim, you have the right to furnish a statement to be reviewed by the Office of District Attorney and the judge regarding the impact this crime has had on you and your family. You can include statements as to how the crime has affected you physically, emotionally, and financially, as well as any other feelings you would like to mention concerning this incident. You also have the right to speak to the Judge at the sentencing hearing in regards to the impact this crime has had on you. Please call the Adult Victim/Witness Coordinator at the above listed number, if you have questions.

1. How has this crime affected you and/or those closest to you?

2. How has this crime changed the way you now live your life?

(Continued on reverse side)

3. What would you like the judge to do?

4. What could the Offender do to help repair the harm caused by this crime?

5. Any other Comments you would like to make:

- _____ I would like to be notified of the sentence the court imposes on defendant but do not wish to be at sentencing.
- _____ I would like to be notified so that I may be present and make a statement to the Court before sentence is imposed.
- _____ I would like the District Attorney's Office to forward a copy of my statement to the Judge.

_____ Date

_____ Signature of Victim