

RYAN C. GARDNER DISTRICT ATTORNEY LISA D. DIMASSIMO OFFICE ADMINISTRATOR

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MARTIN L. WADE FIRST ASSISTANT DISTRICT ATTORNEY

> ABIGAIL Y. INNS PARALEGAL

VICTIM IMPACT STATEMENT

VICTIM'S NAME	DEFENDANT'S NAME AND DOCKET #
As a crime victim, you have the right to furnish a statement to be reviewed by the Offic 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, an financially, as well as any other feelings you would like to mention concerning this incident. Yo also have the right to speak to the Judge at the sentencing hearing in regards to the impact the crime has had on you. Please call the Adult Victim/Witness Coordinator at the above liste number, if you have questions.	
1. How has this crime affected you a	and/or those closest to you?
2. How has this crime changed the w	ay you now live your life?

(Continued on reverse side)

3. What would you like the judge to do?	
What could the Offender do to help repair	the harm caused by this crime?
Any other Comments you would like to ma	ake:
	ntence the court imposes on defendant but do not wish to be at sentencing.
	may be present and make a statement to the Court before sentence is imposed. Office to forward a copy of my statement to the Judge.
Date	Signature of Victim