



**Cumberland County Office of the District Attorney
Victim Services Division**

**PARENT OR GUARDIAN OF CHILD
VICTIM IMPACT STATEMENT**

Defendant: _____

Docket: _____ **OTN:** _____

Your child has been the victim of a crime. As your child’s parent or guardian, you have the right to submit a **Victim Impact Statement (VIS)** to describe how this crime has affected your child and those close to your child. This is a voluntary statement and you are under no obligation to fill out this form. This statement is not confidential and will be given to the defense counsel. Therefore, the defendant will see it as well.

Please return this form before: _____

1. The **VIS** is not a retelling of the incident, but a description of how your child’s life and the lives of their loved ones have been changed by this crime. Please include any emotional changes, physical injuries, lifestyle changes, and/or financial burdens that have been endured. Attach additional pages if necessary.

2. If the defendant is eligible for the **Accelerated Rehabilitative Disposition (ARD) Program**, and successfully completes the program, the defendant’s charges will be expunged (removed from the public criminal record). The requirements of this program include: court costs, restitution paid in full, crime prevention classes, community service, recommended counseling, and a period of probation. The decision to accept or deny enrollment into the ARD program is at the discretion of the District Attorney. However, your position and input are greatly considered. Please check whether you approve or object, and state any additional input below.

_____ Approve _____ Object

Print Name of Victim _____

Print Name of Parent or Guardian _____

Signature of Parent or Guardian _____ **Date** _____

RETURN TO:

Cumberland County Office of the District Attorney | Victim Services Division
One Courthouse Square, Room 2R | Carlisle, PA 17013
Phone: 717-240-6220 | Fax: 717-240-7805 | Email: victims@ccpa.net