

VICTIM IMPACT STATEMENT

For Teenage Victims

UNITED STATES V. _____

CASE NO. _____

Many people find it hard to talk about what has happened but are more comfortable writing about their experiences.

1. What is your name? _____

2. How old are you? _____

3. If you attend school, what grade are you in? _____

For the following questions, feel free to attach additional sheets of paper if needed.

4. Mark the words or phrases that best describe your feelings and reactions to this crime.
PLEASE REMEMBER THESE ARE ALL NORMAL REACTIONS TO HAVE.

Feelings

- | | | | | | |
|--------------------------------|-----------------------------------|----------------------------------|-------------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Guilt | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Unsafe | <input type="checkbox"/> Grief |
| <input type="checkbox"/> Fear | <input type="checkbox"/> Numbness | <input type="checkbox"/> Sad | <input type="checkbox"/> Scared | <input type="checkbox"/> Tense | <input type="checkbox"/> Confused |

Experiences

- | | | |
|--|--|---|
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Forgetfulness | <input type="checkbox"/> Fear the Defendant will return |
| <input type="checkbox"/> Trouble concentrating | <input type="checkbox"/> Uncontrolled crying | <input type="checkbox"/> Repeated memory of the crime |
| <input type="checkbox"/> Appetite change | <input type="checkbox"/> Want to be alone | <input type="checkbox"/> No trust in anyone |
| <input type="checkbox"/> Fear of being alone | <input type="checkbox"/> Family not as close | <input type="checkbox"/> Thoughts of suicide |
| <input type="checkbox"/> Lost job | <input type="checkbox"/> School stress | <input type="checkbox"/> Family stress |

5. What would you like the judge to know about you and what has happened?

6. What would you like to see happen to the person who committed the crime against you?

7. Is there anything else you would like to share?
