



Blair County

Juvenile Probation Office

423 Allegheny Street, Suite 424

Hollidaysburg, PA 16648

Phone: (814) 693-3230

FAX: (814) 695-0260



MOLLY B. WINK

Deputy Chief Probation Officer

CLARK J. SHEEHE

Supervisor

VICTIM IMPACT STATEMENT

Name of the Victim: _____

Name of the Offender: _____

Petition#: _____

Please express your feelings concerning any effects (emotional, physical, financial or otherwise) this crime has had on you and /or those close to you.

What consequences would you want the juvenile who committed the crime to receive?



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What could the juvenile and/or the juvenile justice system do to help you reclaim any loss, sense of safety, or security?

Do you give permission for this statement to be used to help the juvenile understand the harm he/she has caused?

Yes _____ No _____

Do you wish to give oral statement in court?

Yes _____ No _____

Would you like the Juvenile Probation Officer to help you get counseling?

Yes _____ No _____

Disclaimer: This form will be included in a report that will be given to the judge. All information specific to your case will be kept confidential. This information will be held in the highest regard to ensure safekeeping. In the event the Court subpoenas your record, this information must be disclosed to the court. Also, the exceptions to the confidentiality rule includes: the threats to do self-harm or harm others, as well as endangering or exploiting children. If you have any questions or need help filling out this or any other forms, please contact our office. Please feel free to use additional pages to express your feelings if necessary/needed.