OFFICE OF THE DISTRICT ATTORNEY, NORTHWESTERN DISTRICT VICTIM IMPACT STATEMENT

Commonwealth Vs.

Your Name (please print in black ink):
The Massachusetts "Victim Bill of Rights" (G.L.258B) provides crime victims with important rights, including the right to be present in court at the time of sentencing and the right to make a statement to the court, as to how this crime has affected you and your family.
This statement may be presented to the judge after the defendant has been found guilty or submits to sufficient facts to warrant a finding of guilty. It may be made orally or in writing, and may include your recommendation as to what kind of sentence you think the defendant should receive. Any statement you prepare should be directed to the judge, not the defendant.
Please note: It is important to be as accurate and concise as possible as Massachusetts law requires that this information will be made available to the defendant, and if appropriate, to the court and to the Massachusetts Parole Board. The defendant WILL receive a copy of this statement after the District Attorney's Office receives it. This information may also be forwarded to the appropriate probation department.
1. Emotional Impact Please describe the emotional impact this crime has had on you and your family. (Because the facts of this case will already be before the judge at the time of sentencing, do not restate them on this form. The purpose of this form is to provide the Court with information about the impact this crime has had on you, not to provide a statement of facts.):

2. Physical Impact Please describe any physical injuries you sustained as a result of this incident, and any medica treatment you received:
Total cost to you of medical treatment:
If bills were covered by insurance, please indicate:
3. Financial Impact Please describe any financial impact this crime has had on you, including loss of or damage to property that resulted from this crime:
PLEASE NOTE: If you are requesting restitution for your out-of-pocket financial losses, you MUST also complete a RESTITUTION INFORMATION FORM.
4. Sentence Recommendation Please indicate your recommendation as to sentencing of the defendant:
Signature: Date:
If prepared by someone other than the victim, please state your relationship to the victim:
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