

VICTIM IMPACT STATEMENT

Date:
Victim:

Phone# _____
email _____

Defendant:
Case No: CP-30-CR-0000 -20

WAS THERE A FINANCIAL LOSS AS A RESULT OF THIS CRIME? YES _____ NO _____

If the answer is yes, please return the enclosed Restitution Form and supporting documentation.

Please express your feelings concerning any effect, including physical or psychological, that this crime has had upon you. Please attach additional pages if necessary:

Claimant/Victim Signature

Date

Return to Cherie Rumskey; Victim/Witness Office; Greene County Courthouse; 10 E. High Street; Room 304; Waynesburg, PA 1537 or by FAX at 724-852-4461.