Please return this formby **\_\_\_\_\_** in order for your Victim Impact Statement to be considered by the PANEL. **If you wish to actively attend and participate at the Panel, please be sure to call 802-752-2092 by \_\_\_\_\_\_.**

**Completing this form is voluntary.** This form is to assist you in providing information to the Youth Pre-Charge Program about what has happened to you and how you have been affected by this crime/act. You can fill in this form or use it as a guide for writing your own statement. You do not have to use this form and can complete only the sections that apply to you. This form is a starting point and if you have additional information that you would like to share, please feel free to attach that as well.

|  |
| --- |
| **Please briefly describe what happened**  This may include information about how you were affected by the incident, how did you feel at the time it happened, was there anyone else affected (if yes, please tell us how). |
|  |

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| **Physical injury suffered as a result of the crime**  This may include information about the type of injuries received, subsequent treatment, and ongoing physical effects. |
|  |

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| --- |
| **Emotional trauma suffered as a result of the crime**  This may include psychological or emotional trauma and effects on your sense of well-being and enjoyment of life. |
|  |
|  |
| **Other relevant information**  This may include information such as how your life has changed as a result of the crime, and other information you feel is important to convey to the Review Board but has not been included in the other sections. |
|  |
|  |
| **Needs**  Include here what you need from the responsible party from this process. What do you need in order to move forward and or heal from what happened? |
|  |

**\*\*If you do not wish to attend the Panel Meeting, are there any questions of the offender that you would like to have answered? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_**

**If “Yes”, please list them here:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***I hereby certify that the statements made above to be true and correct.***

*Signature Date*

**⬜ I would like to actively participate and attend the PANEL PROCESS separate from the Responsible Party.**

**⬜ I would like to actively participate in a PANEL PROCESS with the Responsible Party present.**

**⬜ I will not attend but would like to be informed about this case.**

Name Email

Street Address or PO Box City, State and Zip

Daytime Phone

**Please return** this completed form by \_\_\_\_\_\_ to:

Franklin grand isle restorative justice center

120 north main street

St. Albans, VT 05478

**Victim Coordinator**

*Courtney.Martel@fgirjc.org* (802) 752-2092 or (802) 524-7006