



Ministry of the Attorney General  
Ministère du Procureur général

**CHILD/YOUTH VICTIM IMPACT STATEMENT  
(For older children and youths)**

Date.....

Your Name (Victim).....

Your Age.....

Accused's Name.....

Investigating Officer .....

Division/Badge Number.....

Would you like to read this statement to the judge if the accused is found guilty?

YES  NO

**After you have completed your Victim Impact Statement, and returned it to the Crown Attorney, a copy will be given to the accused and his/her lawyer and you may be asked questions about it in Court.**

How to fill out your Victim Impact Statement

**Tell the Court about how the offence has changed your life. Tell the Court about conditions that could be part of a probation order such as whether or not you want to have contact with the accused. Please do not tell the Court what the sentence should be.**

**Please remember that this statement is about you, not the accused. This statement should not be about the kind of person the accused is. Do not write about rumours or other negative comments about the accused.**

**Please try not to talk about the offence. The Judge already knows about what happened.**

**HOW HAS THE OFFENCE HARMED YOU?**

1. Have there been any changes to your family? How would you describe your family relationships?

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2. Have there been any changes in school? (grades, attendance, feelings, concentration, activities, relationships with teachers or friends)

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3. Have your friendships changed since the offence?

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4. Has the offence changed any of your hobbies or outside of school activities (clubs, sports. etc)

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5. Have you had any physical injury because of this offence? Did you have to see a doctor? What was that like for you?

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6. Has the offence caused you to lose money or spend money on things you did not have to before?

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7. Was anything taken from you, been lost or damaged because of the offence?

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8. Has your job been affected or lost because of the offence?

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9. Are there things you would like the Judge to do that would help you to feel safer? (for example, order the accused not to have contact with you)

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10. Has the offence changed your feelings of safety and if so, how?

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The statements I have made are true

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(Signature of Victim or of Person Completing this Form)

IF SOMEONE HAS HELPED YOU FILL OUT THIS FORM, PLEASE HAVE THAT PERSON SIGN  
HERE

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(NAME).....

(DATE) .....

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**Did you complete this statement on behalf of the victim?**

If you have completed this statement on behalf of the Victim,  
Please indicate why, and what your relationship is to the victim.

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REASON:.....

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**Did you provide translation or interpretation assistance to the victim to complete this statement?**

If you have assisted the victim by providing interpretation services to enable the victim to complete this form please indicate your name and your relationship (if any) to the victim. Please attach any original victim impact statements written by the victim in her/his own language with this document.

.....  
Name of Interpreter

.....  
Relationship to the victim