

CHILD SEXUAL ABUSE SURVIVOR VICTIM STATEMENT

Name: _____

Age: _____

From: _____

Age and Dates of Abuse: _____

Location of Abuse: _____

Abuser(s):

SOL at time of Abuse: Criminal: _____ Civil: _____

Where is Abuser Now?: _____

Victim Impact Statement:

- How did the crime affect you and your family?
- What was the emotional impact of the crime on you and your family?
- What was the financial impact on you and your family?

(The above guidelines do not cover the totality of the impact of crime, but may be used as a starting point. Victim Impact statements are unique to you and people have various ways of expressing how crime has affected them.)

If possible, please attach a photo of yourself at time of abuse. Please sign below if copies of your statement can be shared with legislators and/or media.

Date: _____

Signature: _____

Please submit form by Thursday, March 30, 2017 to Pam Oddo at poddo@pahouse.net. Thank you.