

# Onondaga County Probation Department - VICTIM IMPACT STATEMENT

(Please Print or Type)

**Date of Juvenile Delinquent Complaint:** \_\_\_\_\_

**Respondent:** \_\_\_\_\_

**Probation Officer:** \_\_\_\_\_

The Onondaga County Probation Department is presently involved with the above named respondent as a result of a Juvenile Delinquency complaint. As you are referenced to be the victim of this respondent's actions and as the intake screening agency for the Family Court we wish to know how you feel about the crime and how it has affected you and your family. The information provided assists us in determining the suitability of the case for adjustment services in accordance with the Family Court Act. You are free to not answer any question(s) on this form, however please be aware that your input as a victim is valuable to this Department in case service planning.

**Victim's Account of Incident** (attach additional pages or write on back if needed)

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**Extent of Personal Injuries:**

Were you injured?  Yes  No (If no, skip to question 3)

1. If yes, please describe \_\_\_\_\_

2. Have any injuries affected your daily routine?  Yes  No  
If yes, how? \_\_\_\_\_

3. Did you receive medical treatment and/or counseling?  Yes  No  
If yes, describe \_\_\_\_\_

If so, were the costs covered by insurance?  Yes  No

If no, what was the amount you had to pay? \_\_\_\_\_

If part was paid by insurance, how much did you pay out of pocket? \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

**Property Loss**

Was there any loss and/or damage of property or cash as a result of this crime?  
 Yes  No If yes, list make, model and value of loss \_\_\_\_\_

Were you reimbursed by an insurance company?  Yes  No If yes, please indicate company name, address, claim no. and amount \_\_\_\_\_

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**Amount of Restitution being Sought-**

**(Please Provide Specific Information relating to OUT OF POCKET EXPENSES ONLY & attach copies of receipts/formal damage estimates, etc.):**

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**Has a Claim been filed with Office of Victim Services: \_\_\_ Yes \_\_\_ No**  
**(Office of Victim Services phone: 1-800-247-8035)**

Web address for applications: [www.cvb.state.ny.us](http://www.cvb.state.ny.us)

The Family Court Act allows the Probation Department to adjust suitable cases. The adjustment period is from 60 – 120 days under contracts of conduct targeting the underlying risk factors related to the presenting problem behavior(s) which gave rise to the current complaint. Restitution payment, community service hours and participation in Youth Court may be part of adjustment services. Referrals to appropriate community based service providers are made as needed based upon the case assessment and can include substance abuse treatment referrals as well as referrals to mental health screening or counseling services. If the youth and their family comply with the case service plan and the youth has made positive changes in their behaviors the case is considered Adjusted. Upon successful completion of the adjustment period per Family Court Act Section 375.1(1) the record is sealed.

If the adjustment process is commenced but is not successfully concluded, the case will be referred to the County Attorney's office for review towards pursuit of a Juvenile Delinquency petition in Family Court.

- I consent to the Probation Department handling this case through adjustment services as defined in the Family Court Act and as described above.
- I DO NOT consent to the Probation Department handling this case through adjustment services and request access to the Family Court towards the filing of a Juvenile Delinquency petition.

**Victim's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Victim's Signature:** \_\_\_\_\_

**This form must be received by the Probation Department within 14 days. If not received, it will be considered as implied consent for adjustment services.**