BERGEN COUNTY PROSECUTOR
OFFICE OF VICTIM/WITNESS ADVOCACY
Two Bergen County Plaza 3rd Floor
Hackensack, New Jersey 07601

VICTIM IMPACT STATEMENT

Your Name_____Defendant's Name_____

In the space below, please write about how you and your family were affected by this incident. Please do not talk about the facts of the case. The purpose of this statement is to inform the Judge of: 1) your feelings about the criminal incident. 2) how it has effected your life.

Please return this form to the above address at least four business days before the scheduled sentencing date. Thank you.

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