

PLEASE RETURN THIS FORM TO THE VICTIM ASSISTANCE PROGRAM BY _____

VICTIM IMPACT STATEMENT

STATE OF OHIO VS. _____

CASE NO. _____

Sentencing Date _____

Information given will help the Prosecutor, Judge, Probation Dept. and/or Parole Board understand how this crime has affected you/your family. Once you return this statement, it is provided to the Adult Probation Department, to be included in the Pre-Sentence Report. Please take the time to answer questions completely and honestly. **If you need additional space, please attach additional paper. PLEASE USE INK OR TYPE YOUR ANSWERS. THANK YOU for your cooperation.**

Victim's Name _____

Person Completing this Statement if other than victim: _____

Relation to Victim: _____

Reason victim did not complete Statement: _____

1. Briefly discuss the crime that was committed against you/your family.

2. Were you physically injured as a result of this crime? Yes No

Was medical treatment required for your injury? Yes No

If yes, explain the type of injury, the treatment involved, seriousness of the injury, and length of time to recover from the injury. _____

3. Were you/your family psychologically (emotionally) injured as a result of this crime? _____
If yes, explain how this injury affected you/your family. (Psychological injury may include change in attitude, feelings, fear, change in lifestyle, emotional problems, etc.)

4. Have you/your family received counseling because of this crime.? _____
If yes, list where you have been attending counseling, how often you attend, and how long you and your family will continue in counseling. _____

5. Has this crime affected your family relationships? YES NO
If yes, please explain

6. If you have had any expenses/economic loss because of this crime, use the columns below to list expenses. **Please attach copies of bill and receipts.**

Type of Expense	Original Amount of Expense	Amount Paid by Insurance
Medical/Hospital Treatment, Counseling, Victim/Family, Funeral /Burial, Other	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Kind of Loss: Property stolen, damaged, destroyed (place "R" after recovered stolen items and do not list value)	Value of Loss	Amount Paid by Insurance
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Any other Type of Loss	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL AMOUNT OF LOSSES		\$ _____

