



WARREN COUNTY PROSECUTOR'S OFFICE



VICTIM IMPACT STATEMENT

State of Ohio vs.: _____ Case #: _____

Victim's Name: _____

Mailing Address: _____

Phone Number: Home: _____ Cell: _____ Work: _____

Alternate Contact: Name: _____ Phone: _____

NOTICE: It is your legal right to make a relevant oral or written statement at the time of sentencing. O.R.C. 2930.14 and 2929.22 (D)(1). Be advised that some cases may go through the system very quickly so it is important for you to provide this information to the Prosecutor as soon as possible. The information must be available to the Court at the time of sentencing in order to be considered for purposes of sentencing. If you are interested in the status of the case, call your Victim Advocate at (513) 695-1325.

If you have any out-of-pocket injury or counseling related bills as a result of this crime, you **MAY** be eligible to apply for the Ohio Victims of Crime Compensation program. O.R.C. 2929.32. Call 1-800-582-2877 for more details or go to their website www.ohioattorneygeneral.gov.

To help in your case, we request your **VOLUNTARY** cooperation in completing this form. This statement is intended to be submitted to the prosecutor, judge, probation officer, defense attorney and possibly the defendant, to show how this crime has affected you. It will be helpful to the judge in deciding what sentence the defendant should receive and/or any money the defendant owes you because of this crime. Judges decide on a case by case basis what restitution to order if any.

1. How has this crime affected you and/or those close to you? Please describe:

2. Did you know the defendant at the time of the incident? If yes, how?

3. If your property was stolen or damaged, please list the items and the cost to repair or replace.

ITEMS	COSTS
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

4. If any expenses were covered by your insurance company, complete the following.

Name of Insurance Company: _____
Phone Number: _____ Address: _____
Claim Number: _____ Deductible Amount if paid: _____

5. What would you like to see happen to the offender as a result of this crime? (please check all that apply):

- | | |
|------------------------------------|----------------------|
| No contact with you or your family | Restitution |
| Community Service | Counseling/Treatment |
| Probation | Incarceration |

This statement is signed and affirmed as true under the penalties of perjury.

Signature: _____ Date: _____