

Defendant _____

Case _____

VICTIM IMPACT STATEMENT

Victim _____ Date of Birth _____

Address _____ City, State, Zip _____

1. Please describe the nature of the crime in which you were involved.

2. Did you know the defendant before the incident? _____ Please indicate your relationship to him/her.

3. What physical injuries or symptoms have you suffered as a result of this crime? You may want to write about how long the injuries lasted, or how long they are expected to last. You may also want to discuss what changes you have made in your life as a result of these injuries. _____

4. Did you have any medical expenses because of this crime? _____ If yes, please list.

Are you eligible to apply for compensation through the Ohio Victims of Crime Compensation program? _____
Have you applied for the Compensation? _____

5. Did you have any other expenses because of this crime? _____ If yes, please list.

6. Do you feel your life was threatened by this crime? _____ Do you fear retaliation from this defendant? _____
If yes, please explain and suggest anything that would make you feel safer.

7. Do you feel you had adequate input into this case? _____ Are you satisfied with the outcome? _____ Please explain.

8. Are there any special condition you would like the Court to impose on the defendant (such as no contact with you or your family, psychological treatment, alcohol or drug treatment, community service hours, etc.?)

Signature: _____ Date: _____

Witness _____ Date: _____

