

_____ Please consider non-disclosure. If you do not want the Defendant to read your statement please state your concerns below. Your victim impact statement will be shared with the Judge, Prosecuting Attorney, and Defense Attorney. Remember that it only becomes public record if you read your statement in court. Otherwise it will remain with the presentence investigation which is not available to the public.

Have you incurred any expenses or losses because of this incident? If yes, please list the items below and provide copies of the bills, receipts, estimates, etc that you are seeking for reimbursement. Restitution will be hard for the court to order/determine without proper documentation. If possible, please provide as much information as you can at least one week prior to sentencing.

If your insurance company reimbursed you, please list the amount of your deductible and attach a copy of your claim or verification of your deductible from the insurance company.

If you applied for the Ohio Attorney General's Office Compensation Program for reimbursement, please write below the amount of your award. Keep in mind only certain items can be reimbursed through this program. It will not cover monetary loss, property loss or pain and suffering. If you need this application please contact the victim assistance program to obtain one.

Although the final sentence will be imposed by the court, your opinion is important. What would you like to see happen in this case? You can mark more than one.

- _____ Community Control (Probation)
- _____ Jail or Prison
- _____ Restitution
- _____ Treatment for Drug Abuse and/or Alcohol Abuse
- _____ Domestic Violence Counseling/Batters Intervention Program
- _____ Sex Offender Counseling
- _____ No Contact with the Victim
- _____ Community Service
- _____ Letter of Apology

Victim's Signature

Date

Signature of Person If Other Than Victim

Date