

VICTIM IMPACT STATEMENT

If you need more space to answer any of the following questions, please feel free to use as much paper as you need, and simply attach these sheets of paper to this impact statement. Thank you.

Answer only those questions you wish to answer.

YOUR
NAME _____

DEFENDANT'S
NAME _____

CASE NUMBER _____ (Will be filled in by Victim Assistance)

1. How has this crime affected you and those people close to you? Please feel free to discuss your feelings about what has happened and how it has affected your general well-being. Has this crime affected your relationship with any family members, friends and other people? As a result of this crime, if you or others close to you have sought any type of victim services, such as counseling by either a licensed professional or a community-sponsored support group, you may wish to mention this.

PLEASE

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2. What physical injuries or symptoms have you or others close to 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, and if you sought medical treatment for these injuries. You may also want to discuss what changes you have made in your life as a result of these injuries.

3. Has this crime affected your ability to perform your work, make a living, run a household, go to school or enjoy any other activities you previously performed or enjoyed? If so, please explain how these activities have been affected by this crime.

SENTENCING RECOMMENDATION

Answer only those questions you wish to answer. Please feel free to use additional paper if necessary.

- 1. What are your thoughts regarding the sentence the Court should impose on the defendant?**

- 2. Would you like the judge to issue a “no contact” or restraining order instructing the defendant to stay away from you and your family?**

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Yes	No	Your Comments
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3. Would you like to be told about further developments in this case including parole, early release hearings, community placements, furloughs, change in prison classification, and any actions taken by the Parole Board or probation officer while the defendant is in jail or under probation supervision?

_____ Yes _____ No

If you answer yes, it is very important that you keep the Department of Corrections, Probation and Parole Offices and the Victim Assistance Program Director advised every time you change your address, otherwise they will not know how to contact you. Please do not list your address on this form.

Signature: _____

D a t e :

PLEASE RETURN YOUR VICTIM IMPACT STATEMENT TO:

Jessica Norris, Coordinator
Victim Assistance Program

Harrison County Prosecutor's Office
111 West Warren Street, P. O. Box 248
Cadiz, Ohio 43907
(740) 942-2621