Struthers Municipal Court

Victim Assistance Program

Victim Impact Statement

Victim: _____

Case: _____

Defendant: _____

We request your voluntary cooperation in completing this statement. IT will be submitted to the judge, to show how this crime has affected you. O.R.C. 2930.13 gives you the opportunity to make an Impact Statement to the court concerning your case. You may give this voluntary statement in writing and/or person. Please be aware that your comments may be read by the judge, prosecutor, law enforcement personnel, defense attorney, and the defendant. If you choose to fill out the form, it will enable the judge and the prosecutor to be more aware of how the crime affected you and your family. It will be helpful to the judge in deciding what sentence the defendant should receive and/or money the defendant owes you because of this crime. Please use an additional sheet of paper if this is not adequate space.

1. How has this crime affected you and those close to you?
   - Psychological- fear of defendant, counseling needed
   - Physical- Injuries and their seriousness and permanence, bodily or to possessions
   - Personal- ability to earn a living, effect on family, changes in lifestyle

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2. Have you incurred any expenses or losses because of this incident? If yes, send copies of bills, receipts, etc. Beside each bill list any agency or Insurance Company that will pay for all or part of the loss; include addresses and phone numbers. You may include medical costs, property damage, funeral expenses, insurance deductible, etc.

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3. Do you have any thoughts on the sentence?
   - Community Service
   - Probation
   - Restitution
   - Incarceration
   - Counseling (Substance, Mental Health, and/or Anger Management, etc)
   - Other

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