



MEDINA COUNTY
COURT OF COMMON PLEAS
ADULT PROBATION DEPARTMENT
99 PUBLIC SQUARE
MEDINA, OHIO 44256
Phone No. 330-725-9791

Case No. _____

Date Mailed _____

VICTIM IMPACT STATEMENT

TO: _____

NAME OF VICTIM _____

DOCKET NO. _____

NAME OF DEFENDANT _____

INVESTIGATOR _____

Dear

On or about _____, you, your minor child, relative, insured was/were the victim of a criminal offense. The above named defendant has been convicted in connection with this offense. According to Section 2947.051 of the Ohio revised Code, the Probation Department is required to obtain a victim's statement in certain convictions. The Court, in deciding what sentence to impose, will consider your statement. The Court may also order the offender to pay restitution (*reimburse you for your loss*). In addition, any victim of a violent crime may be eligible for compensation through the State of Ohio Victims of Crime Program (see reverse side for further information).

The Probation Department requests your cooperation in completing this form. Keep this page for your records and return the attached page to the above address. Please complete both sides of the attached Victim Impact form and mail together with any receipts or bills to the attention of the above named investigator. If you have any questions about this case or problems in completing this form, please contact the investigating officer. We ask that this form be returned as soon as possible.

Sincerely yours,

Investigator
Phone No. _____

APPLY FOR VICTIMS COMPENSATION

If you or your family members are innocent victims of a violent crime, financial assistance may be available. The following is a list of guidelines to help you determine whether you might be eligible for a payment. For specific questions, call the Attorney General's Office at (800) 582-2877.

Crime victims' compensation guidelines

Who may be eligible to receive a payment?

- Those injured during a violent crime.
- Dependents of people killed in crimes.
- Anyone responsible for a crime victim's finances, such as a parent or guardian.

Who may not be eligible receive a payment:

- Anyone convicted of a felony offense, child endangering or domestic violence within 10 years before the crime, or while the compensation application is pending.
- Anyone who engaged in misconduct that caused or contributed to the injuries.

Payments can cover:

- Medical and related expenses
- Counseling for immediate family members of victims of homicide, sexual assault or domestic violence
- Wages lost because of the crime
- Crime scene cleanup for personal security, such as doors and windows
- The cost to replace items taken as evidence
- The cost to replace items of clothing damaged as a result of medical treatment or assessment
- Payment for hearing aids, eyeglasses or other vision aids, dental appliances, teeth or other dental aids, canes, walkers, wheelchairs and other mobility equipment
- Lost wages and travel expenses for family members of a deceased victim to attend court proceedings
- Financial support for dependents of a deceased victim
- Funeral and burial expenses

The maximum total payments are limited to \$50,000, and several expenses have caps. Payments cannot be made for pain and suffering or for stolen, damaged or lost property.

The Attorney General's Office will not pay victims for expenses that can be covered by any other available sources, such as insurance.

Changes to the compensation program:

- An adult victim can file anytime after the crime has occurred (removing the prior requirement of filing within 2 years of the crime)
- The 72 hours reporting requirement has been removed. Victim must still report and cooperate with law enforcement.
- The program now compensates for items of clothing damaged as a result of medical treatment or assessment.
- The program will also compensate for hearing aids, eyeglasses or other vision aids, dental appliances, teeth or other dental aids, canes, walkers, wheelchairs and other mobility equipment.
- Attorney fees for civil protection orders' hourly rate for legal work went up from \$60.00 per hour to \$100.00. The maximum amount for attorney fees per claim was changed to \$1,000.00.
- Reasonable travel time to attend hearings is limited to 3 hours round trip for each hearing at \$30.00 per hour.
- The cap on individual attorneys or law firms was eliminated.

Apply for Victims Compensation Online: www.ohioattorneygeneral.gov



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TO: _____ NAME OF VICTIM _____
 _____ DOCKET NO. _____
 _____ NAME OF DEFENDANT _____
 _____ INVESTIGATOR _____

PERSONAL INJURY

1. Please list all injuries received during this offense:

2. Did you receive hospital care? Yes No. If yes:

HOSPITAL NAME	DATE ENTERED	DATE LEFT	TREATMENT

3. Did you visit a doctor for treatment? Yes No. If yes, please explain (*Identify the doctor below and describe treatment received and number of visits :*)

4. Have you fully recovered from your injury? Yes No. If no, please explain

5. Total medical bills to date (*please attach copies of bills*). \$ _____

6. Amount covered by insurance. \$ _____

7. Name of Insurance Company-----

Policy No. _____ Phone _____

8. Amount of loss suffered and not insured (subtract 6 from 5) \$ _____

9. Other loss. Please itemize other losses such as funeral expenses (*attach bill from Funeral Home*) or lost wages due to injury (*attach letter from employer*).

Total Other Loss \$ _____

(Property Loss and Damage -over)

PROPERTY LOSS AND DAMAGE

1. Please itemize all property losses including property damage. Estimate a dollar value for each loss or damage:

Total: \$ _____

2. Please list all property recovered and its estimated value:

Total: \$ _____

3. Itemize estimated value of property lost and not recovered. Include property damage. Subtract Item 2 from Item 1 and attach receipts or bills.

Total \$ _____

4. Name of Insurance Co. _____

Policy/Claim No. _____ Phone _____

5. Amount of loss or damage covered by insurance \$ _____

6. Total amount of loss or damage suffered and not insured. Subtract Item 5 from Item 3. \$ _____

OFFENSE IMPACT

Please identify any change in your personal welfare or family relationships as a result of this offense. Discuss any psychological impact experienced by you or your family as a result of this offense:

OPINION AS TO SENTENCE

Do you desire restitution from the offender? Yes No

Express any other opinion as to sentence length or sentence type below:

The above information was obtained in a telephone interview of the named victim or their representative. The signature of this Investigator and date of phone interview appears below.

Investigator Signature : _____ Date: _____