

ADULT COURT SERVICES DEPARTMENT

LICKING COUNTY COURTHOUSE

NEWARK, OHIO 43055

VICTIM IMPACT STATEMENT

Defendant: \_\_\_\_\_

Probation Officer: \_\_\_\_\_

Case No.: \_\_\_\_\_

740-670-5730

The above named defendant is currently being processed through the Court system. It is important for the Court to have input from you as to any type of harm you may have suffered. Please answer the questions to the best of your ability and return this form to the Adult Court Services Department as soon as possible. If you have any questions, feel free to contact the probation officer listed above.

Please tell how you and your family have been affected by this crime. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like to see happen to the defendant as to sentencing? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Personal Injury**

If you received any personal or physical injuries as a result of this offense, please detail the extent and nature of the injuries. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you suffered an economic loss, such as income and medical costs associated with the injuries, please detail that loss below. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was any of the loss covered by insurance?  yes  no

If yes, please provide the name and address of your medical insurance and policy number:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Amount not covered by medical insurance: \_\_\_\_\_

**Property Loss**

Has the property been recovered?  yes  no  
Do you want the property returned to you?  yes  no  
Is the property necessary for employment purposes?  yes  no  
Was property damage done by defendant?  yes  no  
To what extent? \_\_\_\_\_

Total amount of property loss: \_\_\_\_\_

Total amount covered by insurance: \_\_\_\_\_

Insurer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Agent's Name: \_\_\_\_\_  
Policy No./Claim No.: \_\_\_\_\_

To whom should restitution be paid:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

If the offense involved checks, debit card, or credit card, did the financial institution reimburse your loss?  yes  no If yes, name and address of financial institution. \_\_\_\_\_

Did you suffer any other economic loss associated with the offense?  yes  no  
If yes, please detail that loss: \_\_\_\_\_

In case a probation officer needs to contact you about this case, please indicate the best time of day and a telephone number where you can be reached. \_\_\_\_\_

If you have any additional information, please attach it to this form.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name / Signature of Victim

\_\_\_\_\_  
Daytime/ Telephone Number

\_\_\_\_\_  
Evening Telephone Number