



Victim Impact Statement

What is a Victim Impact Statement?

A Victim Impact Statement provides you with the opportunity for your voice to be heard by our justice system in regard to the case you're involved in. When completed, it is an important document that describes how the crime has impacted you; it also provides input into how the court can best hold the offender accountable for the harm he/she has caused. Victim Impact Statements are written or oral information from crime victims, in their own words, about how a crime has affected them.

Purpose of a Victim Impact Statement

The purpose of a Victim Impact Statement is to allow crime victims, during the decision-making process on sentencing, describe to the court the impact the crime has made on them. A judge may use information from these statements to help determine an offender's sentence. A Victim Impact Statement may provide information about damage to victims that would otherwise have been unavailable to the court. Many victims report that making such statements improves their satisfaction with the criminal justice process and helps them recover from the crime.

Writing a Victim Impact Statement

Writing a Victim Impact Statement is entirely voluntary. You *do not* have to fill out a Victim Impact Statement but it may be helpful to the judge when he/she decides what sentence the defendant should receive, and/or any money the defendant will have to reimburse you for expenses you have paid or owe because of this crime. The decision to submit a Victim Impact Statement should be made by you; it is a voluntary right that you have as a victim of crime and while it may be difficult to express your feelings about the events, your input may be vital in determining a fair sentence and holding the offender accountable.

You may wish to consider the following points, as you're completing a Victim Impact Statement:

- ❖ Describe how this crime affected you and/or those close to you (physically, emotionally & financially)
- ❖ How has this crime affected your everyday life/daily routine
- ❖ What concerns or fears you may have about you and/or your family's safety and security
- ❖ How did you know the defendant at the time of the incident
- ❖ How this crime affected your relationships with others, including your capabilities of trusting people as well as your ability to relate to others since the crime
- ❖ Has this incident affected your general health, including sleeping and eating patterns or illness/ailments due to the crime
- ❖ Any physical injuries that have ensued from the crime, including the specific physical injury suffered, how long the injury lasted/is expected to last, any medical treatment received (or going to be received) in regard to the injury, how the injury has affected your lifestyle (i.e. ability to work, enjoy recreational pursuits, mobility etc.)
- ❖ Offer suggestions for a resolution that is fair, and provide information that will give the offender the opportunity to take responsibility for actions that caused you harm and loss
- ❖ Do you have thoughts on the sentence that the Court should impose, such as: No contact with you or your family, community control (probation), counseling, rehabilitation/treatment, restitution, incarceration, other? Please Explain.

Once I have finished my Victim Impact Statement (VIS), what do I do with it?

The following are several options for what you can do with your Victim Impact Statement: read the statement yourself or have the prosecutor/advocate read the statement for you at sentencing, submit your statement to the judge in written format, send the statement to the prosecutor, or send your statement to the Common Pleas Court staff for inclusion in the pre-sentence investigation. Please consult with the prosecutor's office for more detailed information regarding your Victim Impact Statement. If the judge orders the defendant to pay you restitution, unfortunately there is no guarantee that the defendant will be able to pay the entire amount. However, a court order for the full amount of your losses is an important component for victims to pursue civil remedies for all of the financial losses associated with this crime.

Restitution Request Information

The term "restitution" in the criminal justice system means payment by the defendant to the victim for the harm caused by the defendant's wrongful acts. The court has the authority to order the defendant to pay restitution to the victim(s) as part of their sentences to make the victim whole. Restitution that is ordered can cover many out-of-pocket expenses as a result of the crime/incident. Expenses that can be requested for restitution include, but are not limited to: medical related expenses, lost or damaged property, insurance deductibles, counseling, lost wages, transportation. (See attached form for request) Unfortunately restitution will not cover things such as pain and suffering or emotional distress. *In some cases, you may be eligible for the Ohio Attorney General's Victims of Crime Compensation Program. Please feel free to call our office for more information about the program and assistance in filling out an application.

***Would you like this statement to be read in court at the time of Sentencing?**

(please circle one)

YES

NO

Initials: _____

NOTICE:

It is your legal right to make a relevant oral or written statement at the time of sentencing. *O.R.C. 2930.06 (D) and 2929.22(D)(1)*. Be advised that cases often go through the system very quickly so it is important for you to provide this information to the Prosecutor AS SOON AS POSSIBLE. The information must be available to the Court at the time of sentencing in order to be considered for purposes of sentencing.



KELLER J. BLACKBURN
Athens County Prosecuting Attorney

Athens County Courthouse
1 South Court Street
Athens, Ohio 45701
Phone: 740-592-3208
Fax: 740-592-3291

Victim Impact Statement

Athens County Prosecuting Attorney Keller J. Blackburn's Victim Assistance Program

Athens County Courthouse, 1 South Court Street, Athens, Ohio 45701

Phone: (740) 592-3208

Fax: (740) 592-3291

Defendant(s): _____ Case # _____

We request your VOLUNTARY cooperation in completing this statement. You have a legal right to make this statement (ORC 2930.13). It is intended to be submitted to the prosecutor and the judge to show how this crime has affected you. This statement may also be available to the defense attorney and the defendant for review and return. Copies are not made unless requested by the judge for a specific purpose. This statement is considered confidential otherwise. This statement will be helpful to the judge in making important decisions regarding sentencing or restitution in your case. Please contact our office if you need assistance in completing this form.

In the area below, please provide your statement and reference previous pages if needed. You may also attach additional pages if necessary.

Signature: _____ Date: _____



Restitution Request

Athens County Prosecuting Attorney Keller J. Blackburn's Victim Assistance Program
Athens County Courthouse, 1 South Court Street, Athens, Ohio 45701
Phone: (740) 592-3208 Fax: (740) 592-3291

Defendant(s): _____ Case # _____

Name of Victim: _____ **Age:** _____ **Sex:** _____

In order to ensure restitution is considered we *must* receive this form within 7 business days. In the given area, please list any expenses incurred to date as a result of the crime in its rightful location.

Medical \$ _____

Property Loss (please itemize below)

Counseling \$ _____

Item _____ \$ _____

Lost Wages \$ _____

Item _____ \$ _____

Transportation \$ _____

Item _____ \$ _____

Other \$ _____

Item _____ \$ _____

Other \$ _____

Item _____ \$ _____

Did your insurance cover any part of the costs? _____ Amount \$ _____

Name of Insurance Company: _____

Address: _____ Contact Person: _____ Phone: _____

*** Please keep all documentation such as lost wages, mileage to and from court, medical bills, etc., as this is important to figure restitution amounts. Victim's Assistance may contact creditors, insurance companies and others that may require payment or have interest in this case for the purpose of determining the correct amount of restitution to be ordered.*

***RETURN BY MAIL OR FAX RESTITUTION REPORT WITHIN 7 DAYS IN ORDER TO BE CONSIDERED.**

Should you wish to email this form to our office, please contact (740) 592-3208.
Please title the email as such: **RESTITUTION Request: (your name), (defendant name)***

Victim Demographics Sheet

The Athens County Prosecutor's Office receives grant funding in order to provide services to crime victims. The Office for Victims of Crime requires all grantees to request specific demographic information for all the victims our office serves. The information reported to the Office of Crime Victim Services is anonymous and helps us to determine area demographics and of those we serve.

1) **Name:** _____ **Date:** _____

2) **Gender:** M _____ F _____ Other _____

3) **Race/Ethnicity:** _____ American Indian or Alaska Native
_____ Asian
_____ Black or African American
_____ Hispanic or Latino _____
_____ Native Hawaiian or Other Pacific Islander
_____ White Non-Latino or Caucasian
_____ Some Other Race
_____ Multiple Races

4) **Age Group:** _____ Age 0-12
_____ Age 13-17
_____ Age 18-24
_____ Age 25-59
_____ Age 60 and Older

5) **Special Classifications:**
_____ Deaf/Hard of Hearing
_____ Homeless
_____ Immigrants/Refugees/Asylum Seekers
_____ LGBTQ
_____ Veterans
_____ Victims with Limited English Proficiency
_____ Other—if other, please explain