LYNDHURST MUNICIPAL COURT

VICTIM IMPACT STATEMENT

Victim Name:
Case Number:
Defendant:
Completing this statement is completely voluntary. 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 in 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, the form will enable the sentencing 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 any money the defendant owes you because of this crime. Please use an additional shee 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, damage to property Personal - ability to earn a living, effect on family, changes in lifestyle

2.	each b	you incurred any age hone numbers. tible, etc.	ncy or Insu	rance Con	npany th	at will	pay for a	ll or part	of the lo	ss; include	e addresses
3.	Do yo	Probation Incarceration Counseling Restitution Community S Other		sentence	?						
The	above	statements are t	true to the b	est of my	knowled	ge.					
Sign	ature						Date				