



Oriana House, Inc.

65 St. Francis Ave., Tiffin, Ohio 44883
Phone: (567) 220-7018 Fax: (567) 220-7012

OHI-PSI Department

Kelly Lucius (Crawford/Huron/Wyandot) Ext. 4225
Steve Niedermier (Ashland /Seneca) Ext. 4203
Jessica Click (PSI Admin. Asst.) Ext. 4201

VICTIM IMPACT

Property Offenses

*Thank you for taking the time to complete this form. We appreciate your willingness to assist us.
Please note that every question may not apply to every offense.*

Victim's Name:		
Offender's Name:		County Of Offense:
Case Number:	Sentencing Date (if known):	Date of Offense / Crime:
Offense:		

Information you give below may help the Prosecutor, Judge, and Parole Board better understand how this crime has affected you and your family. Attach more sheets if necessary.

Please Note: *By law, the offender and defense attorney may read your statement UNLESS the court determines disclosure may cause harm. If this concerns you and you want the court to consider non-disclosure, please check the box. You must provide an explanation for non-disclosure below.*

1) Tell about the crime that was committed against you or your family members.

2) Did you have any lost wages or income? If so, please describe.

3) Has this crime affected your ability to earn a living? If yes, please explain.

4) Were you or your family hurt emotionally because of this crime? If yes, tell how this injury has affected you or your family. This may include change in attitude, feelings or lifestyle, fear, emotional problems, etc.



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5) Have you or your family received counseling or therapy because of this crime? If yes tell how long you or your family have received or will receive counseling or therapy and how the charges were paid. If you paid for the counseling, please attach receipts.

6) Amount of money taken or property loss. Please describe.

7) Amount of money recovered or amount of insurance money received. Attach receipt from insurance company payment.

8) Name of insurance company, claim number, insurance company address and amount of deductible.

9) Please include any additional information or comments related to the offense not previously mentioned.

10) What would you like to see happen to the offender as a result of crime? Please check your selection(s). Please note, if you would like the offender to serve a prison term, the Judge may only order restitution and no contact with you or your family. Please make your selections/selections from box A or B.

A

- Prison
- Restitution
- No Contact with You or Your Family

OR

B

- County Jail
- Probation/Community Control
- Community Service
- Counseling/Treatment
- Restitution
- Other: _____

Signature:

Date: