



## Oriana House, Inc.

65 St. Francis Ave., Tiffin, Ohio 44883

### OHI-PSI Department

Dawn Root (Crawford/Seneca/Wyandot)

Steve Niedermier (Ashland /Huron)

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## VICTIM IMPACT

### Violent 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: <b>Ashland County</b>
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) Where you physically injured because of this crime? If yes, explain the type of injury. Include any information about hospital stay and follow up treatment. Please attach any receipts if you paid for the treatment.

3) Did you have any funeral or burial expenses? If yes, please list and attach receipts.

4) Has this crime affected your affected your ability to earn a living? If yes, please explain. Include lost wages or loss of income.



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

6) 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.

7) Have you been compensated by any other means such as the Ohio Victims of Crime Compensation program or by co-defendant/co-offender? If so, please describe and attach receipt or other documentation.

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

9) 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: