

PLEASE RETURN THIS FORM TO THE VICTIM ASSISTANCE PROGRAM BY _____

VICTIM IMPACT STATEMENT BUSINESS

STATE OF OHIO VS. _____

Sentencing Date _____

Information given will help the Prosecutor, Judge, Probation Dept. and/or Parole Board Understand how this crime has affected you and/or the business. Once you return this statement, it is provided to the Adult Probation Department to be included in the Pre-Sentence Report. Please take the time to answer questions completely and honestly. **If you need additional space, please attach additional paper. PLEASE USE INK OR TYPE YOUR ANSWERS. THANK YOU for your cooperation.**

Name and Title of Business _____

Name of person completing: _____

1. Briefly discuss the crime that was committed against the Business. _____

2. Was anyone physically or emotionally injured as a result of this crime? Yes No

Was medical treatment required for the injury? Yes No

If yes, explain the type of injury, the treatment involved, seriousness of the injury, and length of time to recover from the injury. _____

3. Please discuss what court action the business would like to see taken with regard to the defendant. Do you think the defendant should have the opportunity to receive probation or should the defendant receive institution time? Please explain your answer. _____

4. If you have had any expenses/economic loss because of this crime, use the columns below to list expenses. **Please attach copies of bill and receipts.**

Type of Expense	Value of Loss	Amount Paid by Insurance
a.) Kind of Loss: Property stolen, damaged, destroyed (money stolen, etc.)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
b.) Medical/Hospital Treatment, Counseling		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
c.) Any other Type of Loss		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL AMOUNT OF LOSSES	\$ _____	

Signature _____

Date _____

Enclosed is information on IPP and Transitional Control. These programs would apply to offenders who are sent to prison. The sentencing Judge has an absolute veto on the offender participating in these programs. After reviewing the enclosed information and contacting the advocate for additional information, please answer the following questions.

I DO / DO NOT want the offender to participate in the Intensive Program Prison (IPP).

I DO / DO NOT want the offender to be granted transitional control

OR

 I PREFER TO LEAVE THE DECISION UP TO THE JUDGE AND THE PRISON SYSTEM ON WHETHER THE DEFENDANT WOULD BE A GOOD CANDIDATE FOR THESE PROGRAMS.