

3. Have you / your family received counseling as a result of this crime? YES NO

If yes, from what agency do you receive counseling? _____

How often do you attend counseling sessions? _____

How long will you continue in counseling? _____

4. Were you physically injured as a result of this crime? YES NO

If yes, what injuries did you suffer? _____

What hospital and/or doctor treated your injuries? _____

How long did you remain in the hospital? _____

How long did your injuries last? _____

Did you suffer from pain as a result of these injuries? If so, please describe: _____

How long were you off work as a result of your injuries? _____

Please describe any affect your injuries had on activities you use to do, but were unable to do as a result of your injuries. _____

What kind of follow-up treatment is required for your injuries, if any? _____

The Court must consider certain factors set out in the Ohio Revised Code, Criminal Law Handbook, prior to making a determination on sentencing. Any felony sentence imposed must be guided by the overriding purposes of sentencing (2929.11).

PURPOSES OF SENTENCING:

- To protect the public from future crimes of the offender
- To protect the public from future crimes by others
- To punish the offender

The Court shall also consider any relevant factors that apply regarding the offender, the offense, or the victim to determine the seriousness of the offense and the offender’s likelihood to commit future crimes (2929.12).

MAXIMUM PENALTY THE COURT MAY IMPOSE:

- A prison sentence for a definite number of months or years
 - 5th degree felony 6-12 months in prison
 - 4th degree felony 6-18 months in prison
 - 3rd degree felony 1-5 years in prison
 - 2nd degree felony 2-8 years in prison
 - 1st degree felony 3-10 years in prison

OR, A COMMUNITY CONTROL SANCTION MAY BE IMPOSED, WHICH INCLUDES:

- Up to 6 months in a Community Based Correctional Facility (lock down, treatment oriented facility)
- Up to 6 months in the Huron Co. Jail
- Up to 18 months in a Halfway House
- Intensive Supervised Probation (with numerous guidelines that the defendant must follow)
- Basic Supervised Probation (with numerous guidelines that the defendant must follow)
- Mental Health, Anger Management, Sex Offender, and/or Substance Abuse Counseling
- Restitution to the victim
- Community Service

5. **With an understanding of the information that the Court shall consider prior to sentencing, and an understanding of the possibly penalties the Court may impose, please describe what action you would like the court to take in regards to the defendant and why.**_____

NOTE: IF YOU HAVE ANY FINANCIAL EXPENSES AS A RESULT OF THIS CRIME, IT IS EXTREMELY IMPORTANT THAT YOU SUBMIT THEM TO THE VICTIM ASSISTANCE PROGRAM PRIOR TO SENTENCING. YOU MAY SUBMIT YOUR EXPENSES IN THIS VICTIM IMPACT STATEMENT OR OVER THE PHONE. RESTITUTION WILL NOT BE ORDERED AS PART OF THE CRIMINAL CASE IF YOU FAIL TO PROVIDE YOUR EXPENSES. IF FINANCIAL INFORMATION IS NOT PROVIDED, IT MAY BE NECESSARY FOR YOU TO FILE A CIVIL SUIT IN ORDER TO ATTEMPT RECOVERY ON ANY LOSS YOU MAY HAVE INCURRED.

6. If you had any financial loss as a result of this crime, please list your expenses below. Please include any medical, counseling, property damage, stolen items not recovered, work loss, mileage, etc.:

PLEASE ATTACH COPIES OF BILLS AND RECEIPTS OR OTHER VERIFICATION OF LOSS

TYPE OF EXPENSE	TOTAL AMOUNT OF EXPENSE	AMOUNT PAID BY INSURANCE	AMOUNT PAID/OWED BY YOU

WHERE CAN WE SAFELY MAIL YOUR PAYMENTS?

NAME: _____ TOTAL: _____
 ADDRESS: _____
 CITY, STATE ZIP: _____

PLEASE PROVIDE INSURANCE COMPANY INFORMATION BELOW:

NAME: _____
 ADDRESS: _____ TOTAL: _____
 CITY, STATE, ZIP: _____
 CLAIM OR POLICY NUMBER: _____
 PHONE NUMBER: _____

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.