Please provide: 

Photos 

Estimate Copies 

Witness Statements

## Lima Municipal Court, Allen County, Ohio Victim Impact Statement

Victim's Name:	Age:	Male/ Female
Defendant's Name:	Report #	
<b>NOTICE:</b> It is your legal right to make a relevant oral or w O.R.C. 2930.06 (D) and 2929.22(D)(1). Be advised that quickly so it is important for you to provide this inform POSSIBLE. The information must be available to the Couconsidered for purposes of sentencing. If you are interested be obtained at <a href="https://www.limamunicipalcourt.org">www.limamunicipalcourt.org</a> or by calling the	cases often g mation to the rt at the time o d in the status o	o through the system very Prosecutor AS SOON AS of sentencing in order to be of the case, information can
If you have any out-of-pocket injury or counseling–related leligible to apply for the Ohio Victims of Crime Compensation details and an application. <i>O.R.C.</i> 2929.32.		
To help in your case, we request your VOLUNTARY of statement is intended to be submitted to the prosecutor, and possibly the defendant, to show how this crime has af deciding what sentence the defendant should receive an because of this crime. Judges decide on a case by case bath.	judge, probatio fected you. It w d/or any mone	on officer, defense attorney ill be helpful to the judge in y the defendant owes you
1. How has this crime affected you and/or those close	to you? Please	e describe:

	Please provide: □ Photos □ Estimate Copies □ Witness Statements	
2.	Did you know the defendant at the time of the incident? If yes, how?	
	If you have lost or will lose wages or income as a result of this crime please list the amoun lost. THE COURT REQUIRES A COPY OF A CURRENT PAY STUB OR A LETTER FROM YOUR EMPLOYER VERIFYING THE AMOUNT.	
	\$\$	
	\$	
	\$	
4. If there was damage to any of your property, please list the damages and cost of e		
	ITEMS	
	\$	
	\$	
	\$	
5.	MONEY YOU WERE PAID BY YOUR INSURANCE COMPANY.  If you have received or expect to receive any payments or benefits from the source below, please indicate the amount, name of insurance company and claim number. (Please attach copies of receipts or insurance payments received.)	
	Name of Insurance Company:	
	Phone Number: Address: Claim No.: Agent's Name: Deductible:	
	TOTAL MONEY RECEIVED FROM YOUR INSURANCE COMPANY: \$	

6. Do you circle):	•	f. A meeting with the Defendant to discuss the crime with you; g. Counseling/Treatment; h. Other:	
The above statements are true to the best of my knowledge. I authorize the Lima Municipal Court Prosecutor to contact, gather, and release information to creditors, insurance companies, and anyone else who might have information relating to this criminal case in order to determine the correct restitution and victim impact.  ORIGINAL SIGNATURE NOT REQUIRED IF VICTIM'S SIGNATURE:  FORM IS DIGITALLY COMPLETED  DATE:  If you are completing this statement for the victim, please complete the following: Relationship to Victim:  Your Name:			

Please provide: 

Photos 

Estimate Copies 

Witness Statements

Lima City Prosecutor's Office Lima Municipal Court 202 E High Street, 2<sup>nd</sup> Floor

Lima, Ohio 45801

Phone: (419) 223-7272 • Fax: (419) 998-5518 Email: prosecutor@cityhall.lima.oh.us