

Please provide: Photos Estimate Copies Witness Statements

2. Did you know the defendant at the time of the incident? If yes, how?

3. If you have lost or will lose wages or income as a result of this crime please list the amount 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 each. THE COURT REQUIRES A COPY OF ALL ESTIMATES FOR REPAIR OR REPLACEMENT.

ITEMS	COSTS
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>

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: \$ _____

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6. Do you have any thoughts on the sentence that the Court should impose, such as (please circle):

- | | |
|--|--|
| a. No contact with you or your family; | f. A meeting with the Defendant to discuss the crime with you; |
| b. Community Service; | g. Counseling/Treatment; |
| c. Probation; | h. Other: _____ |
| d. Restitution; | |
| e. Incarceration; | |

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
FORM IS DIGITALLY COMPLETED

VICTIM'S SIGNATURE: _____ DATE: _____

If you are completing this statement for the victim, please complete the following:

Relationship to Victim: _____ Your Name: _____

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