

**LORAIN COUNTY COURT OF COMMON PLEAS
JUVENILE DIVISION**

VICTIM IMPACT STATEMENT

Victim Name: _____
Address: _____

Juvenile: _____
Case No: _____

Date: _____

Phone: (H) _____
(W) _____

Please answer any of the following that apply. Please inform the Court of any changes that may occur.

MONETARY LOSS: _____

PHYSICAL INJURY SUFFERED: _____

AMOUNT OF MEDICAL: _____ INSURANCE COVERAGE: _____

CHANGE OF PERSONAL WELFARE: _____

PSYCHOLOGICAL IMPACT ON VICTIM AND/OR FAMILY MEMBERS: _____

OTHER INFORMATION: _____

DO YOU WISH TO BE PRESENT AT DISPOSITION? _____

COMPLETED BY: _____

(Name and relationship to victim)

**Please mail completed form to: Lorain County Juvenile Court, Attn: Dawn T.,
225 Court Street, Elyria, Ohio 44035**