

## VICTIM IMPACT STATEMENT JUST FOR KIDS



Victim's Name:				
			Police Report No	
Ра	Parent/Guardian's Name:			
To I	Parents:			
Vict wha wha not feel Vict	im Impact Statement. When lat feelings are (Happy, Sad, at your child may want to think tell your child what to draw oing about what happened. Sh	helping your child, rea Mad, Scared, or any about when they are or write. This is your ch nould your child becom	ead, you will want to help your child fill out the directions aloud to your child, talk a other feelings you think are appropriate) drawing or writing on the statement. Pleashild's chance to tell the judge how he or see uncomfortable in any way while filling our she does not have to fill out the form u	abou and se do he is ut the
Att			g Judge, Prosecuting Attorney's Office, Defe please feel free to attach extra pages. You may	
===	=======================================	==========		===
Wha	at is your name?			
Hov	v old are you?	What g	rade are you in?	
	Feel free to use the b	back of this sheet or add	more paper if you run out of room.	
1)	what has happened to yo	u. You may want to	e judge to know about how you feel becau write about anything that has changed in r write a poem if you would like.	

2)	your neighborhood or with your friends because of what happened to you.				

3) I am (circle as many as you would like):



**HAPPY** 



**SAD** 



MAD



**SCARED** 



**OTHER** 

## PLEASE MAIL THIS COMPLETED FORM TO:

Victim/Witness Unit – Juvenile Division Kalamazoo County Prosecutor's Office 1536 Gull Road Kalamazoo, MI 49048 (269) 385-6062