

VICTIM IMPACT STATEMENT JUST FOR KIDS



Defendant's Name:	Case No.:
Victim's Name:	
Parent/Guardian's Name:	Current Phone No.:
To Parents:	-
Victim Impact Statement. When helping you what feelings are (Happy, Sad, Mad, Scare what your child may want to think about when not tell your child what to draw or write. This feeling about what happened. Should your child what to draw or write.	earning to read, you will want to help your child fill out the ar child, read the directions aloud to your child, talk about ed, or any other feelings you think are appropriate), and en they are drawing or writing on the statement. Please do is is your child's chance to tell the judge how he or she is hild become uncomfortable in any way while filling out the lid that he or she does not have to fill out the form unless
	ne Sentencing Judge, Prosecuting Attorney's Office, Defense ditional space, please feel free to attach extra pages on 8 ½" x 11"
PARENT(S): What	is your current phone number?
What is your name?	
How old are you?	What grade are you in?
Feel free to use the back of this s	sheet or add more paper if you run out of room.
what has happened to you. You ma	ould like the judge to know about how you feel because of by want to write about anything that has changed in your all a story or write a poem if you would like.
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∠)	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 Kalamazoo County Prosecutor's Office 227 West Michigan Avenue Kalamazoo, MI 49007