



VICTIM IMPACT STATEMENT

Victim/Witness Unit
Kalamazoo County Prosecutor's Office
227 West Michigan Avenue
Kalamazoo, MI 49007
(269) 383-8677

Please use blue or black pen
when completing this form.

Defendant's Name: _____ Case No.: _____
Victim's Name: _____ Police Report No. _____
Parent/Guardian's Name: _____ Current Phone No.: _____

Many people find it hard to talk about what has happened to them. Instead, many find it more comfortable to write about their experience.

The purpose of this Victim Impact Statement is to give you the opportunity to express your feelings about being a victim and to make the Court aware of the losses you have suffered in this criminal matter. **NOTE: This document will be shared with the Sentencing Judge, Prosecuting Attorney's Office, Defense Attorney and/or the Defendant.** If you need additional space, please feel free to attach extra pages. You may add to this statement at any time.

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What is your name?: _____

How old are you?: _____ If you attend school, what grade are you in?: _____

What is your current phone number?

For the following questions, feel free to use the back of this sheet or add more paper if you run out of room.

- 1) Mark the words or phrases that best describe your experiences and feelings related to this crime. *Please remember these are all normal and valid reactions.*

EXPERIENCES

- | | | |
|--|--|---|
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Forgetfulness | <input type="checkbox"/> Fear the Defendant will return |
| <input type="checkbox"/> Trouble concentrating | <input type="checkbox"/> Uncontrollable crying | <input type="checkbox"/> Repeated memory of the crime |
| <input type="checkbox"/> Appetite change | <input type="checkbox"/> Want to be alone | <input type="checkbox"/> No trust in anyone |
| <input type="checkbox"/> Fear of being alone | <input type="checkbox"/> Family not as close | <input type="checkbox"/> Thoughts of suicide |
| <input type="checkbox"/> Lost job | <input type="checkbox"/> School stress | <input type="checkbox"/> Family stress |

FEELINGS

- ☐ Anger ☐ Guilt ☐ Anxious ☐ Depression ☐ Unsafe ☐ Grief
☐ Fear ☐ Numb ☐ Sad ☐ Scared ☐ Tense ☐ Confused

2) What would you like the judge to know about you and what has happened?

3) What would you like to see happen to the person who committed the crime against you?

4) Is there anything else you would like to share?

PLEASE MAIL THIS COMPLETED FORM TO:

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