



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: _____ Police Report No.: _____

Victim's Name: _____

Charge: _____ Case No.: _____

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.

Business' Name: _____
Address: _____
Contact Person: _____ Phone: _____

PROPERTY LOSS: List any property (by name of property and value) that was damaged, destroyed or lost from this incident. NOTE: We must prove the "fair market value" or "as is" value of each item lost. Replacement value is not the same as fair market value. **You must attach copies (NOT originals) of bills or estimates for repair to document your losses.**

Have you filed an insurance claim? Yes No

Agency: _____ Agent's Name: _____

Address: _____ Phone No.: _____

Claim No.: _____

Did your insurance cover your loss? Yes No If no, why not? _____

RESTITUTION SUMMARY

INSURANCE DEDUCTIBLE: \$ _____

TRAVEL COSTS: \$ _____

LOST INCOME: \$ _____

*OTHER EXPENSES: \$ _____

*If yes, please describe: _____

GRAND TOTAL DUE TO VICTIM: \$ _____
(out-of-pocket loss, co-pay and deductible)

GRAND TOTAL PAID BY INSURANCE: \$ _____

GRAND TOTAL: \$ _____

SENTENCING: Please provide your thoughts on sentencing. Feel free to comment on what sentence you would like the defendant to receive (for example: prison time, jail time, probation, counseling, community service).

Would you like to speak at sentencing? Yes No

The statements made here are true to the best of my knowledge.

Signature: _____

Date: _____

Title: _____

NOTE: You may add to this statement at any time BEFORE sentencing. Please mail additional bills, receipts, etc. to the address below.

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