



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: _____

Police Report No.: _____

Victim's name: _____

Case No. _____



What is your current phone number?



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.

Please feel free to add additional pages if you need more space to answer any of the questions. Thank you.

1) How has this crime affected you, your family and those close to you? You may wish to discuss how the crime has affected your relationships, your ability to perform work duties, run a household or enjoy activities you enjoyed before the crime. You may also wish to include any victim services or counseling by either a licensed professional, member of the clergy or a community support group that you and those close to you have received.

2) **PHYSICAL OR EMOTIONAL INJURY:** Describe in specific detail any physical injuries that you received and/or medical treatment you received as a result of this crime. **Attach copies (NOT originals) of any medical bills.** *If you plan to seek medical treatment, please describe below.*

Did you seek medical attention? Yes No If yes, where? _____

Do you have health insurance (i.e., Medicaid, Blue Cross, etc.)? Yes No
If yes, who is your health insurance provider? _____

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

Have you applied for Crime Victim's Compensation? Yes No

Did you seek counseling? Yes No

If yes, where? _____

Cost of Counseling: \$ _____

3) **OTHER FINANCIAL LOSS:** The court **may** consider lost wages, travel costs, and other related financial losses. **Wages:** List the days and hours you missed from work because of this crime and the amount of wages that you lost. **You must attach documentation of your lost wages from your employer.** **Travel:** If you are requesting reimbursement for travel costs (not already compensated for), please indicate the dates of travel, to/from location, total miles and reason for travel.

Name of Employer: _____

Phone No.: _____

Other Financial Loss Total: \$ _____

<u>RESTITUTION SUMMARY</u>	
GRAND TOTAL DUE TO VICTIM: \$ _____	
(out-of-pocket loss, co-pay and deductible)	
HOMEMAKING OR CHILD CARE EXPENSES (caused by medical injury)	\$ _____
TOTAL PAID BY MEDICAL INSURANCE: \$ _____	
GRAND TOTAL: \$ _____	

Would you like to speak at sentencing? Yes No

Signature: _____

Date: _____

If you are completing this statement for someone else, please provide the following information:

Name: _____

Relationship: _____

PLEASE MAIL THIS COMPLETED FORM TO THE ADDRESS LOCATED AT THE TOP OF PAGE 1