



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.: _____

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 advise the court of any pertinent information you would like the judge to know regarding your relationship with the defendant and how being a victim of domestic violence has affected you.

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: \$ _____

If you have children were they present at the time of the offense? Yes No N/A
How has this crime affected your children?

PROPERTY LOSS: List any property that was damaged, destroyed or lost; as well as the value of that property. **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.**

Do you have insurance to cover any of the damage to your property? Yes No

Agency: _____

Agent's Name: _____

Address: _____

Phone No.: _____

Claim No.: _____

Did your insurance cover your loss? Yes No

If no, why not? _____

Insurance Claim Total: \$ _____ Deductible: \$ _____

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 #: _____

Other Financial Loss Total: \$ _____

<p><u>RESTITUTION SUMMARY</u></p> <p>GRAND TOTAL DUE TO VICTIM: \$ _____ (out-of-pocket loss, co-pay and deductible)</p> <p>GRAND TOTAL PAID BY MEDICAL INSURANCE: \$ _____</p> <p>GRAND TOTAL PAID BY CAR INSURANCE: \$ _____</p> <p>GRAND TOTAL PAID BY HOME OWNER'S/RENTER'S INSURANCE: \$ _____</p> <p>HOMEMAKING OR CHILD CARE EXPENSES (caused by medical injury) \$ _____</p> <p>GRAND TOTAL: \$ _____</p>
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SENTENCING: Please provide your thoughts on sentencing. Feel free to comment on what sentence you would like the defendant to receive (for example: jail time, probation, counseling, community service).

<p>I understand that the Crime Victim Rights Act gives me the right to submit a written Impact Statement and I have the right to appear at the defendant's sentencing to make an oral statement. The Court must Consider my statements when sentencing the defendant. Knowing this, I chose to exercise this right in the following manner:</p> <p><input type="checkbox"/> I want the Court to read this written Impact Statement and the Court MAY PROCEED WITH SENTENCING based upon my written statement.</p> <p><input type="checkbox"/> I want the Court to read this written Impact Statement AND I want to be present at Court for the defendant's sentencing. PLEASE DELAY SENTENCING FOR AT LEAST 10 DAYS and notify me of the date.</p> <p><input type="checkbox"/> I have not completed the written Impact Statement, but I want to be present to make an oral Impact Statement to the Court at sentencing. PLEASE DELAY SENTENCING FOR AT LEAST 10 DAYS and notify me of the date.</p> <p><input type="checkbox"/> I choose to make NO STATEMENT to the Court. THE COURT MAY PROCEED WITH SENTENCING.</p>
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The statements made here are true to the best of my knowledge.

Signature: _____

Date: _____