



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.: _____

Your Name: _____

Police No.: _____

Your Loved One's Name: _____



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.

1) How has the loss of your loved one affected you and those close to you? Please feel free to discuss your feelings about what has happened and how it has affected your general well-being. Has this crime affected your relationship with any family members, friends, co-workers, and other people? As a result of this crime, if you or others close to you have sought any type of victim services, such as counseling by either a licensed professional, member of the clergy or a community-sponsored support group, you may wish to mention this.

2) Has this crime affected your ability to perform your work, make a living, run a household, go to school or enjoy any other activities you previously performed or enjoyed? If so, please explain how these activities have been affected by your loss.

3) Only if you feel comfortable in doing so, you may use this space to tell the judge anything you would like him or her to know about your loved one and the kind of person he or she was. If you wish, you can write about any special memories you have of your loved one, times you shared together, what his or her hopes and dreams were and any other information you would like to share with the judge.

RESTITUTION SUMMARY

FUNERAL COSTS: \$ _____

MEDICAL BILLS/DEDUCTIBLE: \$ _____

COUNSELING: \$ _____

TRAVEL COSTS: \$ _____

LOST WAGES: \$ _____

*OTHER EXPENSES: \$ _____

*If yes, please describe: _____

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

GRAND TOTAL PAID BY MEDICAL INSURANCE: \$ _____

GRAND TOTAL PAID BY CAR INSURANCE: \$ _____

GRAND TOTAL PAID BY HOME OWNER'S/RENTER'S 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

Signature: _____

Date: _____

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

Name: _____

Relationship: _____

PLEASE MAIL THIS COMPLETED FORM TO:

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