



# VICTIM IMPACT STATEMENT

Kalamazoo County Prosecutor's Office  
Attn: Juvenile Division  
1536 Gull Road, Kalamazoo, MI 49048  
(269) 385-6062

Please use blue or black pen when completing this form.

Juvenile Offender: \_\_\_\_\_

CTN No.: \_\_\_\_\_

Victim's Name: \_\_\_\_\_

Police Complaint No.: \_\_\_\_\_

Charge: \_\_\_\_\_

File 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.

**PERSONAL REACTION:** Describe your feelings on how being the victim of this crime has affected you personally, as well as those around 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.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you seek counseling?  Yes  No If yes, where? \_\_\_\_\_

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

Do you have health insurance (i.e., Medicaid, Blue Cross, etc.)?  Yes  No

Amount of your loss: \$ \_\_\_\_\_

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

**PROPERTY LOSS:** List any property that was damaged, destroyed or lost; as well as the value of that property. **You must attach copies (NOT originals) of bills or estimates for repair to document your losses.**

\_\_\_\_\_  
\_\_\_\_\_

Do you have home or car insurance?  Yes  No

Amount of your loss: \$ \_\_\_\_\_

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

**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.: \_\_\_\_\_

**RESTITUTION:** Please provide your thoughts on whether the juvenile convicted of the crime should pay you money for your property losses or injuries and how much OR do community services work as part of the disposition/sentence.

**DISPOSITION:** Please provide your thoughts on disposition/sentence (i.e., counseling, probation, community service, repayment of lost property or damages, or other corrective actions to be taken with the juvenile offender).

**This statement may be read by the Sentencing Judge/Referee, Juvenile Court Intake Worker and/or Probation Officer, defendant attorney or the juvenile offender.**

Yes  No I would like my Victim Impact Statement included in the Court file.

Yes  No I object to my case being diverted from the formal Court process.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current Phone No.: \_\_\_\_\_

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

Victim's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**You may add to this statement at any time by sending information (bills, receipts, etc.) to the address below:**

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**Please return this form within  
10 days.**