



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.: _____

Officer's Name: _____

Charge: _____

Court Docket 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.

PHYSICAL 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? _____

Who is your health insurance/worker's comp provider? _____

Did your health insurance/worker's comp cover your loss? Yes No If no, why not? _____

Medical costs covered by insurance/worker's comp: \$ _____
Out of pocket medical costs/co-pay/deductibles: \$ _____

DEPARTMENT PROPERTY OR OTHER LOSSES (equipment, uniforms, etc.): List any department 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.**

Have you filed an insurance claim? Yes No

Agency: _____

Agent's Name: _____

Address: _____

Phone No.: _____

Claim No.: _____

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

Insurance Claim Total: \$ _____

Deductible: \$ _____

PERSONAL PROPERTY OR OTHER LOSSES (equipment, uniforms, etc.): List any personal 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.**

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? _____

Insurance Claim Total: \$ _____

Deductible: \$ _____

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: _____

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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