

VICTIM'S IMPACT STATEMENT

Macomb County Prosecutor's Office
Crime Victims Rights Unit

Defendant: _____ File No.: _____

PLEASE PRINT OR TYPE. If you need additional space, please feel free to attach extra pages.

This form will allow the sentencing judge and the prosecutor to know your feelings about being a victim of crime and how the crime affected you. Some sections may not apply to you, please leave those sections blank.

VICTIM'S PERSONAL REACTION: Write your feelings on how being the victim of this crime has affected you personally, as well as those around you.

VICTIM'S PHYSICAL OR EMOTIONAL INJURY: Explain any injuries and the treatment that you received. Attach copies of any bills.

VICTIM'S PROPERTY LOSS: List any property that was damaged, destroyed or lost, as well as the value of that property. Attach copies of bills or estimates for repair.

FINANCIAL OR OTHER LOSS: List the days and hours you missed from work because of this crime and the amount of wages that you lost.

COMPENSATION: List any agency or company to which you have applied for replacement or to loss coverage. (i.e. Insurance, Medicaid, Crime Victim's Compensation)

OVER

PLEASE LIST ANY COMPENSATION THAT YOU HAVE ALREADY RECEIVED:

RESTITUTION: Give your opinion of whether the person convicted of the crime should pay you money for your loss, or do work as part of the sentence and how much.

SENTENCING: Please write your thoughts and opinions on what the judge should do to punish the offender and/or to deter the offender from repeating this crime.

ANY OTHER COMMENTS OR CONCERNS THAT YOU WOULD LIKE TO EXPRESS:

Please be advised that this Victim Impact Statement will be made available to the judge, assistant prosecuting attorney, probation officer, defense attorney and defendant. All of the information you submit on this statement could be read by all of the above parties.

I swear that the statements made here are true to the best of my knowledge.

Signature: _____ Date: _____

Please print your name: _____

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

Victim's Name: _____ Your relationship to victim: _____

You may add to this statement at any time.

Please complete and return to:

Macomb County Prosecutor's Office
Crime Victims Rights Unit
1 South Main, 3rd Floor
Mt. Clemens, MI 48043

RIGHTS REQUESTED FORM

Macomb County Prosecutor's Office
Crime Victims Rights Unit

As indicated in this package, certain rights are available to you ONLY if you request them.

They are:

- To receive notice of any scheduled court proceeding and any changes in that schedule if the Crime Victims Rights Unit is informed of them.
- To confer with the Assistant Prosecuting Attorney prior to the selection of the jury and trial.
- To receive written notice of the defendant's conviction.
- To receive notice of the address and telephone number of the probation department which is to prepare the pre-sentence report.
- To be notified of the time and place of sentencing.
- To be notified of the final disposition of the case.

IF YOU WISH TO EXERCISE ANY OF THESE RIGHTS, PLEASE COMPLETE THIS FORM AND MAIL IT BACK TO OUR OFFICE.

PLEASE NOTE: Your address and phone number will remain confidential and will not be seen by the defendant or defendant's attorney.

PLEASE PRINT THE FOLLOWING INFORMATION:

YOUR NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

(HOME)

(WORK)

Filling out this form is strictly voluntary and for your benefit. This case will be prosecuted regardless of your response to this form.

Please complete and return to:

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