

RIGHTS REQUESTED FORM

Registration for Court Notification
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**. If you wish to request your rights, complete this form and mail it back to our office. You will receive court notification by mail.

NOTE: Jail release notification is not provided by our office. To register for jail release notification; you must go to www.vinelink.com or call 1-800-770-7657. The defendant must be in custody at the time of registration.

Confidential Contact Information

This information is protected under the Crime Victim Rights Act

PLEASE PRINT THE FOLLOWING INFORMATION:

YOUR NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ (HOME or CELL)

Additionally you may sign up for MI-VINE

Michigan VINE Service (MI-VINE) is a free, confidential, automated notification service. This service notifies you when a hearing is set and/or cancelled. **This is only for court event notification.** Sign up for notification either by an automated telephone call, text or email. You must enter a 4-digit PIN (created by you) to complete the automated call. The email notification does not require any response on your part. You can access information anytime at www.vinelink.com or by calling **1-800-770-7657**.

Please call us if you have any questions on any notification.

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:

Macomb County Prosecutor's Office
Crime Victims Rights Unit
1 South Main, 3rd Floor
Mt. Clemens, MI 48043
Fax (586) 469-5161

VICTIM'S IMPACT STATEMENT

Macomb County Prosecutor's Office
Crime Victims Rights Unit

Defendant: _____ Case 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 (if injury crime): 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.

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