SUGGESTIONS FOR COMPLETING YOUR VICTIM IMPACT STATEMENT

The following suggestions are offered only as a guide. Please answer as many questions as you wish. If you need more space, please use additional pages and simply attach these pages to the form when you return it.

Only you know how to best describe the effects this crime has had on you and those close to you. We realize it may be difficult to put into words the impact this crime has had on you and those close to you. Many victims find it helpful to organize their statement by the emotional, physical, and financial effects. Some victims have found it helpful to write a rough draft of their statement before completing the final statement. If you should need any assistance in completing your victim impact statement, please feel free to contact me for assistance at (517) 279-4319.

If you would like to tell the court about the emotional impact of this crime, you may want to consider:

★ Has this crime affected your lifestyle or those close to you?

★ Have your feelings about yourself or your life changed since the crime?

★ Has your ability to relate to others changed?

If you or your family members were injured, you may wish to tell the court about the physical impact of this crime. You may wish to:

★ Describe the physical injuries you or members of your family suffered.

★ Describe how long these injuries lasted or how long they are expected to last.

★ Describe any medical treatment you have received or expect to receive in the future.

If you are making a written statement, you may want to discuss how this crime has affected your ability to earn a living and how it has affected you financially. We have also included a separate Victim Financial Statement to help you fully record the financial impact of this crime. It is important to be as complete as possible in describing your financial losses as this information will be used by the probation department and provided to the judge for determining restitution. Restitution is the possible payment by the defendant to you for any financial losses you may have suffered as a result of this crime.

VICTIM IMPACT STATEMENT

People v _____ **/Offense** _____

If you need more space to answer any of the following questions, please feel free to use as much paper as you need, and simply attach these sheets of paper to this impact statement. Answer only those questions you wish to answer. Thank you.

1. How has this crime 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. What physical injuries or symptoms have you or others close to you suffered as a result of this crime? You may want to write about how long the injuries lasted, or how long they are expected to last, and if you sought medical treatment for these injuries. You may also want to discuss what changes you have made in your life as a result of these injuries.

3. 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 this crime.

4. What are your thoughts regarding the sentence the Court should impose on the defendant?

5. Would you like the judge to issue a "no-contact" order instructing the defendant to stay away from you and your family?

   ❑ Yes
   ❑ No

   Comments:

6. Would you like to be told about further developments in this case including parole, early release hearings, community placements, furloughs, changes in prison classification, and any actions taken by the Parole Board or probation officer while the defendant is in jail or under probation supervision?

   ❑ Yes
   ❑ No

If you answer yes, it is very important that you keep the Department of Corrections, Probation and Parole Offices advised every time you change your address, otherwise they will not know how to contact you. Please do not list your address on this form.

I would like my Impact Statement included in the Pre-Sentence Report for review by the judge before sentencing: [ ] YES [ ] NO

The above statements are true to the best of my knowledge.

Signature_____ Date_____
Printed Name_____

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

Victim's Name_____ Relationship_____

IT IS VERY IMPORTANT THAT YOU RETURN THIS FORM WITHIN 48 HOURS.

BRANCH COUNTY PROSECUTOR'S OFFICE
31 DIVISION STREET, COLDWATER, MI 49036

Kimberly Willis
Victim/Witness Coordinator

PLEASE NOTIFY THE BRANCH COUNTY VICTIM/WITNESS COORDINATOR
OF ANY PHONE OR ADDRESS CHANGES.
(517) 279-4319

FINANCIAL IMPACT STATEMENT WORKSHEET

Please use this portion of the form to list any expenses you have had or paid as a result of this crime. Some of the sections may not apply to you. If possible, please attach copies of bills, receipts, estimates of value, replacement costs, or other evidence of the costs listed below. Please attach additional pages as necessary.

A. CRIME RELATED COSTS

1. List any personal belongings or personal property lost, destroyed or damaged as a result of this crime and the value. This would include damage to your home, business or other real estate. (Examples of losses are: loss or damage to personal belongings such as televisions, clothing, jewelry, and automobiles. You also may wish to include expenses for installing dead bolts, repairing locks, and/or any crime scene cleanup.)

_____ $_____
_____ $_____
_____ $_____
_____ $_____

2. List any medical expenses incurred as a result of this crime. (You may wish to include expenses for doctors, medications, hospital stays, physical or occupational therapy, counseling, medical supplies, wheelchair rental, glasses, hearing aids, etc.)

_____ $_____
_____ $_____
_____ $_____
_____ $_____

3. Please describe any future medical or counseling expenses your doctor or therapist anticipates and attach an estimate of their costs.

_____ $_____
_____ $_____
_____ $_____

4. If you had any funeral expenses, please list them.

_____ $_____
_____ $_____
_____ $_____

5. Please list any other expenses you incurred. (You may wish to list items such as child care during court appearances, transportation costs for medical treatment or court appearances, installing new locks or security devices, fees incurred in changing banking or credit card accounts, moving expenses, etc.)

_____ $_____
_____ $_____
_____ $_____

6. If you lost wages or income because you were unable to work because of the crime, had doctor or therapy visits, or attended court, please indicate the total amount of money you lost in wages. (Where possible, please attach a letter from your employer verifying the amount of lost wages or income.)

Amount of lost wages or income _____ $_____

TOTAL OF CRIME RELATED COST _____ $_____

B. **MONEY YOU WERE PAID BY INSURANCE, VICTIM COMPENSATION OR OTHER SOURCES (Whenever possible, attach copies of receipts or insurance payments.)**

1. If you have already received or expect to receive any payments or benefits from the sources below, please indicate any amounts received, name of insurance company and claim number.

Property, Auto or Homeowners Insurance

Amount received $_____

Name of Company_____

Claim Number_____

Address_____

_____

Phone Number_____

Medical Insurance

Amount received $_____

Name of Company_____

Claim Number_____

Address_____

_____

Phone Number_____

Other (list sources and amount and please use additional paper if necessary)

Amount received $_____

Name of Company_____

Claim Number_____

Address_____

_____

Phone Number_____

2. Have you applied for Crime Victim Compensation?

❑ YES
❑ NO

If you received any compensation as a result of your claim, please list the amount. $_____

***If you have not filed for Crime Victim Compensation benefits and would like to receive further information on requirements for filing a claim, please contact:**

Kimberly Willis
Victim/Witness Coordinator
Branch County Prosecutor's Office
(517) 279-4319

TOTAL MONEY RECEIVED FROM INSURANCE, CRIME VICTIM COMPENSATION, AND OTHER SOURCES: $_____

Please write any additional information you would like the judge to know about the money this crime has cost you.

_____
_____
_____
_____
_____
_____

I declare under penalty of law that the above information is true and correct to the best of my knowledge.

_____
Signature

VICTIM IMPACT STATEMENT *for businesses*

People v _____ **Offense** _____

This form will allow the sentencing judge and the Prosecuting Attorney to be fully aware of the losses you have suffered from this incident. If you need additional space, please feel free to attach extra pages.

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 or replacement.

Property	Value	Property	Value

FINANCIAL OR OTHER LOSS: List any cash or other loss as a result of this offense.

_____

_____

_____

_____

_____

_____

COMPENSATION: List any agency or company you have made application to or received compensation from for replacement or to cover your loss.

Amount received $_____

Name of Company_____

Claim Number_____

Address_____

_____

Phone #_____

Amount received $_____

Name of Company_____

Claim Number_____

Address_____

_____

Phone #_____

RESTITUTION: What restitution do you feel the defendant should be held responsible for in this matter? Please indicate a total amount.

_____

_____

_____

TOTAL AMOUNT: $_____

SENTENCING: Feel free to use this space to express your thoughts on sentencing in this matter, or to include any other concerns or information you wish the sentencing court to take in consideration.

_____

_____

_____

_____

_____

_____

_____

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_____

_____

_____

_____

I would like my Impact Statement included in the Pre-Sentence Report for review by the judge before sentencing: [ ] YES [ ] NO

The above statements are true to the best of my knowledge.

Signature_____ Date_____

Job Title_____ Name of Business_____

IT IS VERY IMPORTANT THAT YOU RETURN THIS FORM WITHIN 48 HOURS

(Sometimes things can move very quickly and we want to be sure that we have your input)

BRANCH COUNTY PROSECUTOR'S OFFICE
JOHN L. LIVESAY, PROSECUTING ATTORNEY
31 DIVISION STREET, COLDWATER, MI 49036

Kimberly Willis
Victim/Witness Coordinator

PLEASE NOTIFY THE VICTIM/WITNESS COORDINATOR OF ANY PHONE OR ADDRESS CHANGES.
(517) 279-4319

VICTIM IMPACT STATEMENT

If you need more space to answer any of the following questions, please feel free to use as much paper as you need, and simply attach these sheets of paper to this impact statement. You do not have to use this form. If you prefer, feel free to write a letter to the judge. This form is only offered to provide you with an example of what you may wish to write about. Thank you.

People v _____ **Offense**_____

YOUR LOVED ONE'S NAME_____

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 should you 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.

4. What are your thoughts regarding the sentence the Court should impose on the defendant?

5. Would you like to be told about further developments in this case including parole, early release hearings, community placements, furloughs, changes in prison classification, and any actions taken by the Parole Board or probation officer while the defendant is in jail or under probation supervision?

- ❑ Yes
- ❑ No

If you answer yes, it is very important that you keep the Department of Corrections, Probation and Parole Offices advised every time you change your address, otherwise they will not know how to contact you. Please do not list your address on this form.

6. I would like my Impact Statement included in the Pre-Sentence Report for review by the judge before sentencing: [ ] YES [ ] NO

The above statements are true to the best of my knowledge.

Signature_____ Date_____
Printed Name_____
Relationship to Love One_____

IT IS VERY IMPORTANT THAT YOU RETURN THIS FORM WITHIN 48 HOURS.

BRANCH COUNTY PROSECUTOR'S OFFICE
31 DIVISION STREET, COLDWATER, MI 49036

Kimberly Willis
Victim/Witness Coordinator

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(517) 279-4319

VICTIM IMPACT STATEMENT *For Parents of Child Victims*

If you need more space to answer any of the following questions, please feel free to use as much paper as you need, and simply attach these sheets of paper to this impact statement. Answer only those questions you wish to answer. Thank you.

People v_____ **/Offense**_____

1. Has your child been emotionally affected by this crime? If yes, you may wish to discuss how the crime may have affected your child's relationships with you, family members, and those close to you. If your child received any form of victim services such as counseling by either a licensed professional, member of the clergy or a community-support group, you may wish to mention this.

2. Was your child physically injured or hurt as a result of this crime? If yes, you may wish to write about the type of injuries your child had, what medical treatment your child received, and how long these injuries lasted or are expected to last.

3. Has this crime affected the way your child relates to his or her friends, either at school or in your neighborhood? Has this crime affected your child's school work in any way?

4. How has this crime affected you, your family and those close to your child? You may wish to write about changes that may have occurred in your family, in your ability to perform work, make a living, run a household or enjoy any other activities you enjoyed before the crime. You may also wish to include any victim services or counseling that you and those close to your child have received.

5. What are your thoughts regarding the sentence the Court should impose on the defendant?

6. Would you like the judge to issue a "no-contact" order instructing the defendant to stay away from you and your family?

- ❑ Yes
- ❑ No

Comments:

I would like my Impact Statement included in the Pre-Sentence Report for review by the judge before sentencing: [ ] YES [ ] NO

The above statements are true to the best of my knowledge.

_____ _____

Signature of Parent or Guardian *Date*

_____

Printed Name

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

Child's Name_____ Relationship_____

IT IS VERY IMPORTANT THAT YOU RETURN THIS FORM WITHIN 48 HOURS.

BRANCH COUNTY PROSECUTOR'S OFFICE
31 DIVISION STREET, COLDWATER, MI 49036

Kimberly Willis
Victim/Witness Coordinator

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VICTIM IMPACT STATEMENT *For the School-Aged Person*

If you need more space to answer any of the following questions, please feel free to use as much paper as you need, and simply attach these sheets of paper to this impact statement. Answer only those questions you wish to answer. Thank you.

People v _____ **/Offense** _____

What is your name? _____

How old are you? _____ What grade are you in? _____

1. Please write or draw anything you would like the judge to know about how you feel because of what has happened to you. You may want to write about anything that has changed in your life or in your family. You can even tell a story or write a poem if you would like.

2. Please write or draw anything you want the judge to know that may be different at school, in your neighborhood or with your friends because of what has happened to you.

3. What are your thoughts/ideas regarding the sentence the Court should impose on the Defendant?

VICTIM IMPACT STATEMENT

JUST FOR LITTLE KIDS

To Parents: if your child is too young to read or is just learning to read, you will want to help your child fill out the victim impact statement, when helping your child, you will want to read the directions aloud to your child, talk about what feelings are (happy, sad, mad, scared, or any other feelings you think are appropriate), and what your child may want to think about when they are drawing or writing on the statement, please do not tell your child what to draw or write. This is your child's chance to tell the judge how he or she is feeling about what has happened, if your child would rather draw a picture of a bird, a boat or write a story about bumblebees, this is okay as well. Should your child become uncomfortable in any way while filling out the victim impact statement, reassure your child that he or she does not have to fill out the form unless he or she wants to.

What is your name?_____

(it's okay if your parents help you write your name)

How old are you?_____

If you go to school, what grade are you in?_____

How do you feel about what happened to you?
(You can circle as many as you like or draw your own)

Happy

Mad

Sad

Scared

Other

If you were the judge, what would you to do_____?

(Circle as many as you like)

A. Send to jail

B. Pay some money

C. Go to a doctor to get help

D. Nothing

E. Stay away from kids

F. What else? Put your own idea here!

_____

If you want to, you can use this page to draw a picture, write a poem, tell a story, or anything else you would like to do to tell the judge about how you are feeling about what has happened to you. If you don't want to write or draw anything here, that's okay too!