

GRAND TRAVERSE COUNTY PROSECUTOR'S OFFICE

Victim Impact Statement

Complete form online, print it, and mail to address below.

Sentencing Judge _____

People v _____

Case # _____

This form will allow the sentencing judge and the prosecutor to know your feelings about being the victim of crime and how the crime affected you.

VICTIM'S PERSONAL REACTION: Write your feelings on how being a 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 you have made application to for replacement or to cover your loss, i.e., insurance, Medicaid, Crime Victim Compensations, etc. _____

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: Write your thoughts on sentencing. _____

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

I would like my Impact Statement included in the Pre-Sentence Report: Yes No

Signature _____ Date: _____

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

Victim's Name:	Relationship:
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YOU MAY ADD TO THIS STATEMENT AT ANY TIME.

Mail to: Victim Advocate
Grand Traverse County
Prosecutor's Office
324 Court Street
Traverse City, MI 49684
231.922.4607