

**MISDEMEANOR**  
**VICTIM IMPACT STATEMENT**  
**STATE OF MICHIGAN**

Michigan Victims' Right Act gives you the opportunity to make an Impact Statement to the court concerning your case. You may give this voluntary statement in writing and/or in person. Please be aware that your comments may be read by the judge, prosecutor, law enforcement personnel, defense attorney, and the defendant. If you choose to fill out the form, the form will enable the sentencing judge and the prosecutor to be more aware of how the crime affected you and your family. **UPON CONVICTION, THIS FORM WILL BE FORWARDED TO THE PRESENTENCE DEPARTMENT AND COURT. PLEASE RETURN TO OUR OFFICE WITHIN 5 DAYS.** You may either mail this form back to our office in the enclosed envelope or you can fax it to our office, the fax number is 616-632-5389. Please notify our office of any address or telephone number changes. (616-632-5400)

Defendant's Name \_\_\_\_\_ Case # \_\_\_\_\_

Victim's Name \_\_\_\_\_

1. Please describe your reactions and how this crime has affected your life. Also describe any injuries or damages you have received as a result of this incident.

---

---

---

---

---

2. Did you require medical treatment for your injuries? If so, please describe and attach any copies of bills that you may have received so far.

---

---

3. Will you require additional treatment? If so, what kind and what is the anticipated expense? \_\_\_\_\_

---

4. List any property that was damaged including the value, and also attach copies of bills or estimates if you have them. \_\_\_\_\_  
\_\_\_\_\_
5. If the property was not your own, please list the owners information below:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
6. List any claims of money you have received from insurance companies, Medicaid, Crime Victim's Compensation, or other sources that have covered your losses or may cover your losses. \_\_\_\_\_  
\_\_\_\_\_
7. List any time missed from work and lost wages. Please attach proof from your Employer. \_\_\_\_\_
8. As a part of the sentence, would you like a "No Contact Clause"? This means the defendant would be ordered to not contact you in person, by telephone, in writing or by a third person other then the probation officer. You would also be expected not to contact the defendant in any way. Yes \_\_\_\_\_ No \_\_\_\_\_
9. In your opinion, what sentence do you think the defendant should receive? (Probation, jail, fines/costs, community service, restitution, counseling, any specific conditions, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Are there any other comments you would like to be considered? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information provided is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please feel free to add to any part of this statement by writing on a separate piece of paper and include all bills, estimates and other requested documentation.