

Suggestions for completing your Victim Impact Statement

The following suggestions are offered only as a guide. If you need more space, please use additional pages and simply attach those pages to the Impact Statement form when you return it to the Prosecutor's Office. If you receive an additional impact statement from the probation department, please note that you DO NOT need to complete both. We will forward your statement to the probation department.

What is a Victim Impact Statement? How is it used?

As a crime victim, you have a right under the Crime Victim Rights Act of 1985 to have your Impact Statement included in the pre-sentence investigation report that is prepared by the probation department for sentencing purposes. This statement will help the Judge determine the sentence of the defendant. Only you know how best to describe how the crime has affected 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 before completing the final statement.

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:

- 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.

Elements of a Good Victim Impact Statement

- ◆ 3 to 5 minutes reading time
- ◆ Highlight what the crime has meant personally to the author
- ◆ Explain how the crime effected you emotionally and physically
- ◆ Include any out-of-pocket expenses you incurred because of the crime

If you have any questions, or would like help in preparing your Impact Statement, please call the Victim's Unit at (269) 969-6944

It is VERY important that you return your statement, 14 days prior to the first court date, to the Calhoun County Prosecutor's Office, Victim Services Unit, 161 E. Michigan Avenue, Battle Creek, MI 49014. Thank you.

Calhoun County Prosecutor's Office
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. Thank you.

Your Name:

Defendant's Name(s):

Case Number:

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.

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2. What physical injuries or symptoms have 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.

Calhoun County Prosecutor's Office Sentencing Recommendation

Answer only those questions which you wish to answer. Please feel free to use additional paper if necessary.

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

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2. Would you like the judge to issue a “no contact” order instructing the defendant to stay away from you and your family?

Yes []

No []

Your comments:

3. Would you like to be told about further developments in this case including parole, early release hearings, community placements, furloughs, changes in prison classifications, *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, or 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. You will be mailed a form that you need to send in to either the jail or the Department of Corrections.

Signature: _____

Date: _____

Please return your victim impact statement to:

*Crime Victim Services Unit
Calhoun County Prosecutor's Office
161 E. Michigan Avenue
Battle Creek, MI 49014*

CALHOUN COUNTY PROSECUTOR'S OFFICE RESTITUTION WORKSHEET

Help us to get full restitution for you by completing and returning this form to our office within 14 days. A guide outlining possible expenses that are recoverable under the Crime Victims' Rights Act is on the backside of this form.

Send all proof of financial loss WITH this completed form to:

Calhoun County Prosecutor's Office

Attention: Victim Services Unit

161 E. Michigan Avenue

Battle Creek, MI 49014

Please call (269) 969-6944 if you have any questions.

Name of victim: _____ Case No. _____

State of Michigan vs. _____

1. What was the cash value of the total loss/damage/injury/
counseling or treatment? \$ _____

2. Was there any coverage from insurance or any other
source? If so, please list the amount. \$ _____

3. What was your out-of-pocket loss? \$ _____

REMEMBER TO SEND COPIES OF BILLS, RECEIPTS, ESTIMATES, OR PAY STUBS WITH THIS FORM

4. Do you anticipate any additional expenses? [] Yes [] No

5. Insurance: If you have filed, or intend to file, a claim with your insurance company please complete the following information. Please use additional pages and attach if necessary.

Insurance Company Name: _____

Address: _____

Telephone: _____ Policy No. _____

Policy holder's name: _____ Social Security # _____

Deductible amount: \$ _____

6. Have you applied for Crime Victim Compensation benefits through the Crime Victim Services Commission in Lansing? [] Yes [] No
If you received compensation as a result of your claim, please list the amount you received \$ _____

Date

Signature

The following is a guide to assist you in completing your restitution request. Some of these expenses may not apply to your situation. These examples are not a comprehensive list, only a guide.

Examples of expenses that may be recovered through restitution	Examples of expenses NOT recovered through restitution
<ul style="list-style-type: none"> • Medical/Dental expenses actually incurred and reasonably expected to be incurred • Medication costs • Physical therapy, Occupational therapy, Rehabilitation actually incurred or reasonably expected to be incurred • Ambulance services • Psychological treatment • Funeral expenses • The cost of a tax deduction due to a dependant’s death (if deceased victim could be claimed as a dependant by the parent (s) or guardian) • The value of the property on the date of the damage, loss or destruction, or the value on the date of the sentencing • Costs of impoundment of a vehicle • Cost of repairs to property • After-tax income loss suffered by the victim or the victim’s estate • Cost of homemaking and child care costs actually incurred and reasonably expected to be incurred as a result of the crime • Psychological and medical treatment for members of the victim’s family actually incurred and reasonably expected to be incurred 	<ul style="list-style-type: none"> • Payment for psychological pain, distress or suffering • Any non-economic damages • Lost wages for a family member of a victim [unless the victim is a minor, pursuant to the Crime Victims’ Rights Act, MCL 780.752, Sec. 2 (j) (iii)]

* IMPORTANT * Examples of documentation that should be included when you return this form are: medical/dental bills, physical and occupational therapy bills, bills for ambulance service, medication receipts, receipts of insurance payments, letters from employer to document lost wages, estimates for stolen or damaged property, or counseling bills.