## **VICTIM IMPACT STATEMENT**

No one knows better than you how this crime may have changed your life. Those of us involved in the prosecution of this case believe that it is very important for you to help the court understand all of the ways this crime has affected you and those near you. Thank you for taking the time to provide us with this information.

## PLEASE RETURN TO KENT COUNTY CIRCUIT COURT PROBATION IN SEVEN (7) DAYS.

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 those sheets 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 is only offered to provide you with an example of what you may wish to write about. **Please notify Victim Witness of any address changes.** Thank you.

Your Name
Name of Defendant
Case Number Type of Crime
Sentencing Date
<b><u>Personal Feelings</u></b> : Describe your reactions and the effects this crime has had on your life, friends, and family Also include any physical, emotional, or psychological trauma or injury caused by the crime.
<b>Expenses for Treatment</b> : List any agencies (hospitals, doctors, etc.) where treatment was received. <b>Include copies of bills and/or receipts</b> .

<u>Property/Financial Loss</u> : (1) Specify any damage, loss or destruction of property. (2) Attach <b>copies of bills</b> cestimates for repairs. NOTE: Even though you may already have provided this information to the police it	
	nformation here for restitution purposes.
Insurance Company	
Address	Phone Number
Claim Number	
If applicable, include documentation of le	ost wages as a <u>direct result</u> of this crime.
	ave made or funds you have received from insurance companies, Medicaid other sources intended to cover your losses.
Sentencing: In your opinion, what sente	nce do you think the defendant should receive?
As part of the sentence I would like a "N	o Contact Order" YES NO
The statements made on this form are tru	e to the best of my knowledge.
Signed:	Dated:
RETURN TO:	

RETURN TO: Kent County Circuit Court Probation 82 Ionia, N.W., Suite 100 Grand Rapids, MI 49503