



# VICTIM IMPACT STATEMENT

Victim/Witness Unit  
Kalamazoo County Prosecutor's Office  
227 West Michigan Avenue, Kalamazoo, MI 49007  
(269) 383-8677

Please use blue or  
black pen when  
completing this form.

Defendant: \_\_\_\_\_ Police Report No.: \_\_\_\_\_

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

Charge: \_\_\_\_\_ Case No.: \_\_\_\_\_

What is your current phone number?

The purpose of this Victim Impact Statement is to give you the opportunity to express your feelings about being a victim and to make the Court aware of the losses you have suffered in this criminal matter. **NOTE: This document will be shared with the Sentencing Judge, Prosecuting Attorney's Office, Defense Attorney and/or the Defendant.** If you need additional space, please feel free to attach extra pages. You may add to this statement at any time.

**PERSONAL REACTION:** Describe your feelings on how being the victim of this crime has affected you personally, as well as those around you.

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**PHYSICAL OR EMOTIONAL INJURY:** Describe in specific detail any physical injuries that you received and/or medical treatment you received as a result of this crime. **Attach copies (NOT originals) of any medical bills.** If you plan to seek medical treatment, please describe below.

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Did you seek medical attention? ☐ Yes ☐ No If yes, where? \_\_\_\_\_

Do you have health insurance (i.e., Medicaid, Blue Cross, etc.)? ☐ Yes ☐ No

If yes, who is your health insurance provider? \_\_\_\_\_

Did your health insurance cover your loss? ☐ Yes ☐ No If no, why not? \_\_\_\_\_

Did you seek counseling? ☐ Yes ☐ No If yes, where? \_\_\_\_\_

Cost of Counseling: \$ \_\_\_\_\_

**PROPERTY LOSS:** List any property that was damaged, destroyed or lost; as well as the value of that property. **NOTE:** We must prove the "fair market value" or "as is" value of each item lost. Replacement value is not the same as fair market value. **You must attach copies (NOT originals) of bills or estimates for repair to document your losses.**

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Do you have home owners/renters insurance? ☐ Yes ☐ No

Agency: \_\_\_\_\_

Claim No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Did your insurance cover your loss? ☐ Yes ☐ No If no, why not? \_\_\_\_\_

Do you have car insurance? ☐ Yes ☐ No Agency: \_\_\_\_\_

Claim No. : \_\_\_\_\_ Phone No.: \_\_\_\_\_

Did your insurance cover your loss? ☐ Yes ☐ No If no, why not? \_\_\_\_\_

**OTHER FINANCIAL LOSS:** The court **may** consider lost wages, travel costs, and other related financial losses. **Wages:** List the days and hours you missed from work because of this crime and the amount of wages that you lost. **You must attach documentation of your lost wages from your employer.** **Travel:** If you are requesting reimbursement for travel costs (not already compensated for), please indicate the dates of travel, to/from location, total miles, and reason for travel.

\_\_\_\_\_

\_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Other Financial Loss Total: \$** \_\_\_\_\_

### **RESTITUTION SUMMARY**

**GRAND TOTAL DUE TO VICTIM: \$** \_\_\_\_\_  
(out-of-pocket loss, co-pay and deductible)

GRAND TOTAL PAID BY MEDICAL INSURANCE: \$ \_\_\_\_\_

GRAND TOTAL PAID BY CAR INSURANCE: \$ \_\_\_\_\_

GRAND TOTAL PAID BY HOME OWNER'S/RENTER'S INSURANCE: \$ \_\_\_\_\_

HOMEMAKING OR CHILD CARE EXPENSES (caused by medical injury) \$ \_\_\_\_\_

**GRAND TOTAL: \$** \_\_\_\_\_

**SENTENCING:** Please provide your thoughts on sentencing. Feel free to comment on what sentence you would like the defendant to receive (for example: prison time, jail time, probation, counseling, community service).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like to speak at sentencing? ☐ Yes ☐ No

The statements made here are true to the best of my knowledge.

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

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

Victim's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**NOTE: You may add to this statement at any time BEFORE sentencing. Please mail additional bills, receipts, etc. to the address below.**

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