

MINOR VICTIM'S PARENT OR GUARDIANS IMPACT STATEMENT

DEFENDANT / JUVENILE: _____ CASE NO.: _____

PARENT(S) OR GUARDIAN(S) OF MINOR CHILD: _____

The purpose of this Victim Impact Statement is to give you the opportunity to express to the Sentencing Judge, the Prosecuting Attorney, the Defense Attorney and the Defendant, your feelings about being the parent or guardian of a minor victim and to make them aware of the losses the minor has suffered in this criminal matter. If you need additional space, please feel free to attach extra pages.

YOU ARE NOT REQUIRED TO FOLLOW THIS FORM – IT IS PROVIDED TO USE AS A GUIDELINE. PLEASE DO NOT USE PENCIL.

PERSONAL REACTION: Write your feeling on how being the parent or guardian of the victim of this crime has affected you personally and your child, as well as those around you.

PHYSICAL OR EMOTIONAL INJURY: Describe in specific detail any physical injuries that your child received and/or medical treatment they received as a result of this crime.

Please list any compensation that you have already received or property, financial or other loss you encountered at the time of this incident or may continue to encounter as a result of this crime.

SENTENCING: Write your thoughts as to what you feel would be an appropriate sentence for the defendant. (For example: prison/jail time, probation, counseling, and/or community service)

Please list any other comments or concerns that you would like to express:

I SWEAR THAT THE STATEMENTS MADE HERE ARE TRUE TO THE BEST OF MY KNOWLEDGE.

PRINT NAME

DATE

SIGNATURE

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE TO ENSURE PROPER NOTICE TO THE COURT BEFORE DEFENDANT’S SENTENCING.

RETURN 1 OF 3 WAYS:

- 1.) MAIL :VICTIM ADVOCATE :Iosco County Courthouse P.O. Box 548 Tawas City, Michigan 48764
- 2.) FAX: 989-984-1106
- 3.) EMAIL: fellis@ioscocoounty.org