

VICTIM'S IMPACT STATEMENT

THE PEOPLE OF THE STATE OF MICHIGAN V _____

CASE NO.: _____

CODEFENDANT: _____

VICTIM'S NAME: _____

The purpose of this Victim Impact Statement is to give you the opportunity to express to the Sentencing Judge, Prosecuting Attorney, Probation Officer, Defense Attorney and the Defendant your feelings, about being a victim. Take this moment and let us know how this crime has impacted you and may continue to do so. This will be read at the time of the defendants sentencing hearing. If you need additional space, please feel free to attach extra pages.

YOU ARE NOT REQUIRED TO FOLLOW THIS FORM.

Personal Reaction: Write your feeling on how being the victim of this crime has affected you personally as well as those around you.

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.

Please list any compensation that you have already received or property, financial or other loss you encountered at the time of this incident.

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 let me know which statement below fits your need:

- DO include my written statement in the Pre-Sentence Report. **This will be seen by the Judge, Probation Officer, defense attorney, defendant and the Prosecutor.**
- Do NOT include my written statement in the Pre-Sentence Report. **This will not be seen by anyone outside of the Prosecutor's office.**
- I would like to give a verbal impact statement at, the time of sentencing. **This is an opportunity to speak in front of the Judge at the time of the defendants sentencing hearing.**

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

Victim's Name _____ DATE _____

SIGNATURE _____ DATE _____

Name of person completing the impact statement on behalf of the victim:

Reason you are completing the impact statement on behalf of the victim:

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE TO:

MAIL TO: VICTIM ADVOCATE, IOSCO COUNTY COURTHOUSE P.O. BOX 548, TAWAS CITY, MI 48764
EMAIL TO: fellis@ioscocoounty.org
FAX: (989) 984-1106