

**THIRTEENTH JUDICIAL CIRCUIT COURT  
VICTIM IMPACT STATEMENT**  
**Complete form online, print it, and mail to address below.**

PEOPLE V _____	COUNTY OF: <input type="checkbox"/> Antrim
	<input type="checkbox"/> Grand Traverse
FILE NO. _____	<input type="checkbox"/> Leelanau

As a victim of a crime you have the right to express to the sentencing judge and to the prosecuting attorney, your feelings regarding the crime and how you were affected by the crime. To best protect your rights as a crime victim we offer you the opportunity to express your thoughts through this Victim Impact Statement.

1. **VICTIM'S PERSONAL REACTION:** Please write how this crime has affected you, as well as others around you. \_\_\_\_\_
  
2. **VICTIM'S INJURY - PHYSICAL AND EMTIONAL:** Please list any injuries and treatment you received as a result of this crime. List medical, counseling, physical therapy bills, etc.; income lost (after taxes); homemaking and child care expenses while you were injured. \_\_\_\_\_
  
3. **VICTIM'S PROPERTY LOSS:** Please list any property and the value of any property that was damaged, destroyed, or lost as a result of this crime. Please attach copies of bills or estimates for repairs. \_\_\_\_\_
  
4. **COMPENSATION:** Please list any agency or company to whom you applied for recovery of any loss as a result of this crime, including any compensation you have received, e.g., insurance, Medicaid, Crime Victim Fund. \_\_\_\_\_
  
5. **RESTITUTION:** You may have the right to restitution as a result of this crime. This should be the total of items 2 and 3, minus the amount of item 4. This must accurately state your actual loss. Failure to do so may result in forfeiting your right to restitution or other penalties provided by law. \_\_\_\_\_
  
6. **SENTENCING:** Please write your thoughts on sentencing. \_\_\_\_\_

I would like my Impact Statement included in the Pre-Sentence Report:  Yes  No

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

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

Victim's Name: _____	Relationship: _____
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You may add to this statement at any time prior to sentencing.

**PLEASE BE AWARE THIS COURT HAS A LOCAL CRIME VICTIM'S RIGHTS PROGRAM. IF YOU ARE INTERESTED IN APPLYING FOR RESTITUTION THROUGH THIS PROGRAM, PLEASE INDICATE THIS IN THE LINE BELOW.**

Yes, I would like to apply for restitution through the local program.

My total personal loss which has not and will not be reimbursed by an insurance company, bank, or other third party equals \_\_\_\_\_.

No, I do not wish to apply.

Mail to: Victim Advocate  
Grand Traverse County  
Prosecutor's Office  
324 Court Street  
Traverse City, MI 49684  
231.922.4607