

Muskegon County Prosecutor's Office
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Crime Victim Impact Statement

Case Information

People v. _____
(Defendant's Name)

Case No.: _____

Victim Information

Victim Name: _____

Contact Person: _____ Relationship: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ HomePhone: _____ Work: _____ Cell: _____

Email Address: _____

Requesting Your Rights

Please check one of the following:

- I would like to receive updated information of all future court proceedings involving this case.
- I do not wish to be notified of future court proceedings involving this case.
- I prefer to only receive telephone notifications regarding updated information concerning this case.

Please check one of the following:

- I wish the Judge to receive a copy of this Victim Impact Statement and fully understand that by doing so, the defense attorney and the defendant will also receive a copy. (Your personal contact information will be deleted).
- This information is strictly for use by the Prosecutor's Office only.

Crime Impact

Please answer the following questions as appropriate to your case (please add additional sheets as necessary).

Describe the physical injuries and any medical treatment you received as a result of this crime.

Describe any psychological effects and psychological treatment you received as a result of the crime.

Describe any changes in your life as a result of this crime and any additional information you would like the court to consider about the impact this crime has had on your life, such as changes in personal welfare, lifestyle or family relationships.

Total amount of monetary loss as a result of this crime. Please provide any documentation that will assist the court in determining restitution.

Medical Expenses Total: \$ _____

Counseling Expenses Total: \$ _____

Lost Wages Total: \$ _____

Property Loss Total: \$ _____

Funeral Expenses Total: \$ _____

Other: \$ _____

Total amount you are requesting for restitution: \$ _____

If you have already received or expect to receive any payments or benefits from the sources below, please indicate any amounts received and insurance information. (Whenever possible, attach copies of receipts or insurance statements).

Type of Insurance: Property Auto Homeowners Life Other _____

Name of Insurance Company: _____

Insurance Company Address: _____

Phone Number: _____ Agent's Name : _____

Policy Number: _____ Claim Number : _____

Amount Received : _____ Your Deductible: \$ _____

Please use this section to express your recommendation regarding the outcome of this case and any further comments you wish to express to the Court.

Thank you for taking the time to complete this impact statement. Please sign indicating this statement was given truthfully and voluntarily:

Name of Victim/Contact Person

Date

Please Print, Sign and Fax or Mail to the Number or Address at the top of page one of this form.