

## VICTIM IMPACT STATEMENT

RE:

CASE #:

DATE OF OFFENSE:

CTN:

OFFENSE:

Please write a brief statement of how the act has affected you and what consequences you feel the offender should face, if found guilty. (If you need more space, please attach extra pages).

---

---

---

Please itemize your losses (lost wages, damaged property expenses, medical expenses, etc.)

**(PROVIDE RECEIPTS AND ATTACH ADDITIONAL SHEETS, IF NECESSARY)**

<u>LOSS</u>	<u>AMOUNT</u>	<u>LOSS</u>	<u>AMOUNT</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

I have been reimbursed by:

- ☐ An insurance company \$ \_\_\_\_\_
- ☐ The defendant \$ \_\_\_\_\_
- ☐ The Crime Victim's Fund \$ \_\_\_\_\_

Insurance company name: \_\_\_\_\_

Policy holder: \_\_\_\_\_

Policy #: \_\_\_\_\_

Agent's name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Amount of deductible: \$ \_\_\_\_\_

I would like my impact statement to be included in the report to the court.

That report will be available to the juvenile unless exempted by the court.

Yes ☐ No ☐

I would like to be notified of the juvenile's placement status.

Yes ☐ No ☐

I declare that all of my statements above are true and accurate.

\_\_\_\_\_  
Victim's Signature (or parent/guardian if victim is a minor)

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

City: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

(Optional: This is requested to help locate you if you move before restitution is paid to you.)

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this a new address? Yes ☐ No ☐

**RETURN TO:** ☐ **Sixth Circuit Court - Family Division**  
**Casework Services**  
**ATTN:**  
**1151 Crooks Road**  
**Troy, MI 48084**  
**Phone # (248) 655-1200**  
**Fax # (248) 655-1218**  
**Email: [VRJuv@oakgov.com](mailto:VRJuv@oakgov.com)**

**Distribute to:** Caseworker  
Court File  
Victim's Rights