## **Victim Impact Statement**

Date:		
Your Name:		
Defendant(s) Name:		
Case Number:		
Judge(s):		
Your safety is our number one you and what consequences yo		ite a brief statement of how the act affected should face.
a condition of any probation. T	herefore, please tak	orders the offender to pay the victim) must be ke the time to itemize your losses below (lost enses, etc.). Provide copies of any receipts or
Description of Loss A	mount \$	Invoice/Receipt (write Yes or No)

I was reimbursed for	my losses by (Check one	):		
o Insurance Cor	npany			
<ul><li>Defendant</li><li>Crime Victim'</li></ul>	s Fund			
I declare that all of my statements above are true and accurate.				
	•			
Signature			Date	
Address (Mailing add	ress to receive any restitu	ition collected):		
Telephone#:				
Return this form to:	50 <sup>th</sup> District Court Proba	tion Department		
netarii tiiis roriii to.	70 N. Saginaw	tion bepartment		
	Pontiac, Michigan 48342	2		
	Phone# 248-758-3805			

 $\textbf{Email:} \ \underline{rreed@pontiac.mi.us} \ \textbf{or} \ \underline{lvandekerckhove@pontiac.mi.us}$ 

Fax# 248-451-2696