

Victim Impact Statement

Today's Date:

Victim Name:

Defendant(s) Name:

Docket Number:

Judge(s):

Your safety is our number one concern. We are going to ask you some personal questions and you have the right to say no. If you prefer to have assistance from an advocate from HAVEN, please call 248-309-1026 or email kmeans@haven-oakland.org and one will be provided for you. If we do not hear from you prior to the sentence hearing, a **no contact order** will be remain in effect.

1. Has the physical violence increased in severity or frequency over the past year?

☐ Yes ☐ No

2. Does he/she own a gun?

☐ Yes ☐ No

3. Have you left him/her after living together during the past year?

☐ Yes ☐ No

If you have never lived with him/her, check this box: ☐

4. Is he/she unemployed?

☐ Yes ☐ No

5. Has he/she ever used a weapon against you or threatened you with a lethal weapon?

☐ Yes ☐ No

If yes, what was the weapon? _____

6. Does he/she threatened to kill you?

☐ Yes ☐ No

7. Has he/she avoided arrest for domestic violence?

☐ Yes ☐ No

8. Do you have a child(ren) in common?

☐ Yes ☐ No

9. Has he/she ever forced you to have sex when you did not wish to?

☐ Yes ☐ No

10. Does he/she ever try to choke/strangle you or cut off your breathing?

☐ Yes ☐ No

If yes, has he/she done it more than once, or did it make you pass out or black out or make you dizzy? _____

11. Does he/she use illegal drugs? (By drugs, I mean “uppers” or amphetamines, meth, speed, angel dust, cocaine, “crack”, street drugs or mixtures.)

☐ Yes ☐ No

12. Is he/she an alcoholic or problem drinker?

☐ Yes ☐ No

13. Does he/she control most of all of your daily activities? (Example: does he/she tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car?)

☐ Yes ☐ No

If he/she tries, but you do not let him/her, check here: ☐

14. Is he/she violently and constantly jealous of you? (Example: does he/she say, "If I can't have you, no one can.")

☐ Yes ☐ No

15. Have you ever been beaten by him while you were pregnant?

☐ Yes ☐ No ☐ Not applicable

If you have never been pregnant by him, check here: ☐

16. Has he/she ever threatened to commit suicide?

☐ Yes ☐ No

17. Does he/she threaten to harm your children?

☐ Yes ☐ No

18. Do you believe he/she is capable of killing you?

☐ Yes ☐ No

19. Does he/she follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him/her to?

☐ Yes ☐ No

20. Have you ever threatened or tried to commit suicide?

☐ Yes ☐ No

Restitution

Restitution (or the money the Judge orders the offender to pay the victim) must be a condition of any probation. Therefore, please take the time to answer the following questions.

1. Were you injured?

☐ Yes ☐ No

2. Did you seek medical attention?

☐ Yes ☐ No

3. If so, will you be providing the court with a bill or receipts for your uninsurable losses?

☐ Yes ☐ No **Please list replacement value/cost if damaged property:** _____

What sentence would you like to see the defendant receive? (i.e. probation, jail, counseling, community service)
