

VICTIM IMPACT STATEMENT

RE:
DATE OF OFFENSE:
OFFENSE:

CASE #:
CTN:

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:

<input type="checkbox"/> An insurance company	\$ _____	Insurance company name: _____
<input type="checkbox"/> The defendant	\$ _____	Policy holder: _____
<input type="checkbox"/> The Crime Victim's Fund	\$ _____	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: **Oakland County Circuit Court**
Family Division Casework Services
ATTN:
1200 North Telegraph Road
Pontiac, MI 48341-0462
Phone # (248) 858-0112
Fax # (248) 858-5463
Email: VRJuv@oakgov.com

Oakland County 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