

**PROSECUTING ATTORNEY'S
VICTIM ASSISTANCE PROGRAM
RESTITUTION CLAIM VERIFICATION**

RE: People -v-

File No:

1. Please list any medical expenses for physical or psychological injuries resulting from this crime for which you received treatment and include a copy of all expenses

Total

2. Please list property stolen and not recovered: _____

Value

3. Please list property damage: _____

Value

4. Was your loss covered by Insurance? _____ Yes / _____ No
If **Yes**, what amount of the total claim was recovered? _____

Please provide the name of your insurance agent, your insurance company and policy number: _____

5. Have you applied for Crime Victim Compensation through the State of Michigan?
_____ Yes / _____ No
If **Yes**, please provide your claim number: _____

Please sign your name in this space as verification to the Court that these are legitimate and reasonable losses sustained by you for which reimbursement from other sources has not been made.

PLEASE PRINT NAME BELOW

Signature

Date

VICTIM IMPACT STATEMENT

People vs.
County and Docket Number:

This form will allow the sentencing Judge and the Prosecutor to know your feelings about being a victim of crime and how the crime affected you. If you need additional space, please feel free to attach extra pages.

Victim’s Personal Reaction: Write your feelings on how being a victim of this crime has affected you personally:

Victim’s Physical or Emotional Injury: Explain any injuries and the treatment you received. Attach copies of bills.

Reaction of those around victim: Write your feelings on how those around you were affected.

Victim’s Property Loss: List any property that was damaged, destroyed, or lost; as well as the value of that property. Attach bills or estimates for repair. IF YOU DO NOT GIVE A SPECIFIC DOLLAR AMOUNT, NO RESTITUTION WILL BE ORDERED.

Financial or other loss: List the days and hours you missed from work because of this crime and the amount of wages that you lost.

Compensation: List any agency or company you have made application to for replacement or to cover your loss. (i.e. insurance, Medicaid, Crime Victim Compensation. ect.)

Please list any compensation that you already have received:

Sentencing: Write your thoughts on sentencing. (i.e. prison, jail, probation, community service, restitution)

Restitution: Give your opinion of whether the person convicted of the crime should pay you money for your loss, or do work as part of the sentence and how much. **IF YOU DO NOT GIVE A SPECIFIC DOLLAR AMOUNT, NO RESTITUTION WILL BE RECOMMENDED.**

Any other comments or concerns that you would like to express:

I swear that the statements made here are true to the best of my knowledge and I hereby request that this impact statement be made part of a pre-sentence investigation.

Signature: _____ Date: _____

(name printed: _____)

If you are completing this statement for someone else, please complete the following:

Victim's name _____ Relationship _____