

PLEASE RETURN AT  
YOUR EARLIEST  
CONVENIENCE

**SCOTT A. KOERNER**  
**SHIAWASSEE COUNTY PROSECUTING ATTORNEY**  
201 North Shiawassee Street • Surbeck Building, 2nd Floor  
Corunna, Michigan 48817  
Victim's Rights: 989.743.2468 Fax: 989.743.2237  
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**VICTIM IMPACT STATEMENT – Adult Parent of a Child Victim**

Defendant/Juvenile

Case No.

Victim's Name

Co-defendant/Juvenile(s)

*Please provide the following information as soon as possible to allow us to understand how this crime has affected you and your child. Please feel free to attach extra pages as needed. Answer only those questions you wish to answer. The probation department may contact you prior to the defendant's sentencing (after his/her conviction by trial or guilty plea). Your victim impact statement will be included in the pre-sentence investigation report for the Judge to consider at sentencing. As a result, it may also be read by the defendant and his/her attorney.*

**VICTIM'S PHYSICAL OR EMOTIONAL INJURY**

*Was your child physically injured or hurt as a result of this crime? If yes, you may wish to write about the type of injuries your child experienced, what medical treatment your child received, and how long these injuries lasted or were expected to last..*

**VICTIM'S PERSONAL FEELINGS**

*Has your child been emotionally affected by this crime? If yes, you may wish to discuss how the crime may have affected your child's relationship with family members and those close to them. If your child has received any form of victim services (such as counseling by a licensed professional, a member of the clergy, or a community support group) you may also wish to mention that here..*

## VICTIM'S COMMUNITY INVOLVEMENT

*Has this crime affected the way your child relates to his/her friends, either at school or in your neighborhood? Has this crime affected your child's school work in any way? Has your child's interactions with those in the community been affected in any other way?*

## PARENT'S/GUARDIAN'S PERSONAL FEELINGS

*How has this crime affected you, your family, or those close to your child? You may wish to write about changes that have occurred in your family, in your ability to work, earn a living, run a household, or enjoy any other activities you and your family enjoyed before this crime. You may also wish to include any victim services or counseling that you or those close to your child have received.*

## SENTENCING

*Indicate the sentence you would like the defendant to receive from the Court. Indicate if there are any particular requirements you would like to see the Court mandate the defendant to satisfy.*

*Changes to Contact Information (if any):*

Name

Address

City

State, ZIP

Primary Number

Secondary Number

Email address

The statements I have made on this form are true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signer's Relationship to Child

**Do you want to have an opportunity to speak at the sentencing?**     **Yes**     **No**

*When you have completed this form, please print, sign, and return to the Prosecutor's office Crime Victim's Rights Coordinator at the address or e-mail address on the front page (scans are acceptable).*

*For more information or assistance, please contact:*

**BARBARA J. HABER-GRINNELL**

VICTIM RIGHTS COORDINATOR  
SHIAWASSEE COUNTY PROSECUTOR'S OFFICE  
201 North Shiawassee Street  
Surbeck Building, Second Floor  
Corunna, Michigan 48817

**(989) 743-2468**

**[bhaber-grinnell@shiawassee.net](mailto:bhaber-grinnell@shiawassee.net)**

**EXTRA SPACE IF NEEDED**

*If you need extra space to conclude your response to any of the previous questions, please enter those answers here. You may include responses to multiple questions in this area. Please indicate which answer you are responding to prior to your response.*