

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
Main Line: 989.743.2373
Email: bhaber-grinnell@shiawassee.net
Website: www.shiawassee.net/prosecuting-attorney/

VICTIM IMPACT STATEMENT

Defendant/Juvenile

Case No.

Victim's Name (Your 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

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

VICTIM'S PERSONAL FEELINGS

Have you been emotionally affected by this crime? If yes, you may wish to discuss how the crime may have affected your relationship with family members and those close to you. If you 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 your relationship with your family, your friends, your neighborhood, your community, your ability to perform work, your ability to earn a living, to run a household, or to enjoy any other activities that you, your friends, and your family enjoyed before this crime?

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

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

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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.