

RISA HUNT-SCULLY
ISABELLA COUNTY PROSECUTING ATTORNEY
Donna Fox, Victim Rights Coordinator/989-317-4087
Stacey Wiley, Victim Rights Advocate/989-317-4088
200 N. Main Street, Mt. Pleasant, Michigan 48858
Fax (989) 775-8413/victimservices@isabellacounty.org

VICTIM IMPACT STATEMENT

- * Completing this form and providing your comments regarding how this crime affected you and/or your family will assist our office in understanding your needs. Please complete and return it as soon as possible. Providing as much information concerning any financial losses you may have suffered as a result of the crime is very important.
- * The Crime Victim's Rights Act makes certain rights available upon request if you wish to be provided with notices of court hearings and to become involved. Please check the "yes" line below.
- * If you have any questions concerning your rights, do not hesitate to call this office.

_____ Yes, I wish to receive notices regarding court hearings.

_____ No, I do not wish to receive notices regarding court hearings.

Name: _____ Email address: _____

Address: _____

Home or Cell phone: _____ Work phone: _____

*** Please keep informed of any changes to your address or phone numbers ***

Would you like your Impact Statement to be included in the pre-sentence report or reviewed by the judge at sentencing? _____ Yes _____ No

PLEASE NOTE: Our courts have ruled that, a victim impact statement may be provided to a defendant or his/her attorney if so requested. If such a request is made, your personal information above will be blacked out.

Signature: _____ Date: _____

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

Victim's name: _____ Relationship: _____

Defendant & File No: _____

Please provide the following information as to how this crime has affected you or your family. Attached additional pages if necessary. It is very important that you return this form as soon as possible.

PHYSICAL OR EMOTIONAL INJURY: Describe any injuries you incurred and treatment received.

PERSONAL REACTIONS: How has this crime affected you personally, as well as the people around you?

RESTITUTION - MEDICAL, FINANCIAL, PROPERTY OR OTHER LOSS: List any losses you have suffered because of this crime. Please provide as much specific information as possible.

SENTENCING: Please provide any thoughts on what sentence you would like to see the defendant receive. Would you like to speak at sentencing? ☐ Yes ☐ No.

* * * Thank you for your input * * *