

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 Rights: 989.743.2468 Fax: 989.743.2237  
Main Line: 989.743.2373  
Email: [bhaber@shiawassee.net](mailto:bhaber@shiawassee.net)  
Website: [www.shiawassee.net/prosecuting-attorney/](http://www.shiawassee.net/prosecuting-attorney/)

**Victim Rights Information**

Defendant/Juvenile	Case No.
<input type="text"/>	<input type="text"/>
Victim's Name (Your Name)	Charges
<input type="text"/>	<input type="text"/>

The Victim Rights Act makes certain rights available upon your request.. If you wish to take advantage of all or some of these rights please complete this form. Please feel free to attach extra pages as needed. Answer only those questions you wish to answer.

- Do you want to know what happens to your case?  Yes  No
- Do you wish to receive notice of any scheduled court hearings?  Yes  No
- Do you wish to receive information on the final disposition of this case?  Yes  No
- Would you like to receive notices regarding the case while declining to complete the Victim Impact Statement?  Yes  No
- Do you wish to have an opportunity to speak at the sentencing?  Yes  No

When you have completed this form, please sign and return to the Prosecutor's office Crime Victim's Rights Coordinator at the address or e-mail address provided.

**Changes to Contact Information (if any):**

Name	Address
<input type="text"/>	<input type="text"/>
City	State, ZIP
<input type="text"/>	<input type="text"/>
Primary Number	Secondary Number
<input type="text"/>	<input type="text"/>
Email address	
<input type="text"/>	

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

<hr/> Signature	<input type="text"/> Date
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**VICTIM IMPACT STATEMENT**

*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 have 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. **The probation department may contact you prior to the defendant's sentencing (after his/her conviction by trial or guilty plea).***

**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.*

**PROPERTY DAMAGE: Complete if there was damage to property**

- (No Property Loss)                       (All Property Recovered\*                       (Partially recovered/damaged\*

**PROPERTY LOSS:** List property destroyed, damaged, or stolen from this incident and the value you are claiming as restitution. (Attach a list on additional pages, if needed.) **Attach a copy of any bill, receipt, or estimate for repair or replacement.** Photos are very helpful to show before and after condition of the property! \*Get comparable values from eBay, pawn shops, and store receipts to help substantiate your claimed valuation. Do not include cash or other financial losses here.

**OTHER FINANCIAL LOSS: Complete if there was damage to property**

- (No Other Financial Loss)                       (Additional Financial Loss

**FINANCIAL LOSS:** List any cash, accounts, or other financial losses (e.g., lost sales) you suffered as a result of this crime. Include the value of the losses and attach supporting documentation for valuation of non-cash losses (that is, losses that are not easily valued as cash losses would be).

**INSURANCE**

**HOMEOWNERS or OTHER INSURANCE COMPANY\***  
(Agent, address, phone #)

**AUTO INSURANCE COMPANY\***  
(Agent, address, phone #)

Insurance Claim total:

Auto Claim total:

Insurance deductible:

Auto deductible:

*\*We ask this information to get the insurance company reimbursed. They are entitled to restitution under the Crime Victims Rights Act.  
\*Attach or send in copies of all bills as they come in. \*Contact the Victims Rights Coordinator to get a property return form. Property may be retained as part of the evidence in the case until the case is completed and all appeals periods have expired.*

**Grand Total Due:**   
(out-of-pocket loss, co-pay & deductibles)

**Grand Total Paid by Homeowners or Other Insurance:**

**Grand Total Paid by Auto Insurance:**

For more information or assistance, please contact:

**BARBARA J. HABER**  
VICTIM RIGHTS COORDINATOR  
SHIAWASSEE COUNTY PROSECUTOR'S OFFICE  
201 North Shiawassee Street  
Surbeck Building, Second Floor  
Corunna, Michigan 48817  
**(989) 743-2468**  
[bhaber@shiawassee.net](mailto:bhaber@shiawassee.net)