

PLEASE RETURN AT
YOUR EARLIEST
CONVENIENCE

SCOTT A. KOERNER
SHIAWASSEE COUNTY PROSECUTING ATTORNEY
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Corunna, Michigan 48817
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Victim Rights Information

Defendant/Juvenile	Case No.
<input type="text"/>	<input type="text"/>
Loved One's 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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Signer's Relationship to Victim

VICTIM IMPACT STATEMENT – Loss of Loved One

Please provide the following information to allow us to understand how this crime has affected you and your family. 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.

IMPACT OF LOSS ON MENTAL STATE

How has the loss of your loved one affected you and those close to you? Please feel free to discuss your feelings about what happened and how it has affected your general well-being. How has this crime affected your relationship with family members, friends, co-workers, or other people? As a result of this crime, if you or others close to you have sought any type of victim services, such as counseling by a licensed professional, a member of the clergy, or a community-sponsored support group, you may wish to mention that here.

IMPACT OF LOSS ON COMMUNITY INVOLVEMENT

How has this crime affected your ability to perform your work, earn a living, run a household, go to school, or enjoy any other activities that you previously enjoyed? Please explain how these activities have been affected by your loss.

LOVED ONE'S PERSONAL STORY

Only if you feel comfortable in doing so should you use this space to tell the judge anything you would like him to know about your loved one and the kind of person he/she was. If you wish, you can write any special memories you have of your loved one, times you shared together, what their hopes and dreams were, and any other information about him/her you would like to share with the judge.

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.

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
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