

RIGHTS REQUESTED FORM

Registration for Court Notification
Macomb County Prosecutor's Office
Crime Victims Rights Unit

As indicated in this package, certain rights are available to you **only if you request them**. If you wish to request your rights, complete this form and mail it back to our office. You will receive court notification by mail.

NOTE: Jail release notification is not provided by our office. To register for jail release notification; you must go to www.vinelink.com or call 1-800-770-7657. The defendant must be in custody at the time of registration.

Confidential Contact Information

This information is protected under the Crime Victim Rights Act

PLEASE PRINT THE FOLLOWING INFORMATION:

YOUR NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ (HOME or CELL)

Additionally you may sign up for MI-VINE

Michigan VINE Service (MI-VINE) is a free, confidential, automated notification service. This service notifies you when a hearing is set and/or cancelled. **This is only for court event notification.** Sign up for notification either by an automated telephone call, text or email. You must enter a 4-digit PIN (created by you) to complete the automated call. The email notification does not require any response on your part. You can access information anytime at www.vinelink.com or by calling 1-800-770-7657.

Please call us if you have any questions on any notification.

Filling out this form is strictly voluntary and for your benefit. This case will be prosecuted regardless of your response to this form.

Please complete and return to:

Macomb County Prosecutor's Office
Crime Victims Rights Unit
1 South Main, 3rd Floor
Mt. Clemens, MI 48043
Fax (586) 469-5161
Email: crimevictims@macombgov.org

VICTIM'S IMPACT STATEMENT

Macomb County Prosecutor's Office
Crime Victims Rights Unit

Defendant: _____ Case No.: _____

PLEASE PRINT OR TYPE. If you need additional space, please feel free to attach extra pages.

This form will allow the sentencing judge and the prosecutor to know your feelings about being a victim of crime and how the crime affected you. Some sections may not apply to you, please leave those sections blank.

VICTIM'S PERSONAL REACTION: Write your feelings on how being the victim of this crime has affected you personally, as well as those around you.

VICTIM'S PHYSICAL OR EMOTIONAL INJURY: Explain any injuries and the treatment that you received. Attach copies of any bills.

VICTIM'S PROPERTY LOSS: List any property that was damaged, destroyed or lost, as well as the value of that property. Attach copies of bills or estimates for repair.

FINANCIAL OR OTHER LOSS (if injury crime): List the days and hours you missed from work because of this crime and the amount of wages that you lost.

COMPENSATION: List any agency or company to which you have applied for replacement or to loss coverage. (i.e. Insurance, Medicaid, Crime Victim's Compensation)

PLEASE LIST ANY COMPENSATION THAT YOU HAVE ALREADY RECEIVED:

RESTITUTION: Give your opinion of whether the person convicted of the crime should pay you money for your loss, or do work as part of the sentence and how much.

SENTENCING: Please write your thoughts and opinions on what the judge should do to punish the offender and/or to deter the offender from repeating this crime.

ANY OTHER COMMENTS OR CONCERNS THAT YOU WOULD LIKE TO EXPRESS:

Please be advised that this Victim Impact Statement will be made available to the judge, assistant prosecuting attorney, probation officer, defense attorney and defendant. All of the information you submit on this statement could be read by all of the above parties.

I swear that the statements made here are true to the best of my knowledge.

Signature: _____ Date: _____

Please print your name: _____

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

Victim's Name: _____ Your relationship to victim: _____

You may add to this statement at any time.

Please complete and return to:

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Crime Victims Rights Unit
1 South Main, 3rd Floor
Mt. Clemens, MI 48043
Fax (586) 469-5161
crimevictims@macombgov.org

FINANCIAL IMPACT STATEMENT

Defendant: _____ Case No.: _____

Please use this portion of the form to list any expenses you have had or paid as a result of this crime. It is important that we provide the sentencing judge and the prosecutor with documentation. Therefore, it is important that you attach copies of bills, receipts, estimates of value, replacement costs, insurance claims, or other evidence of the costs listed below. **Some sections may not apply to you, please leave those sections blank. Please feel free to attach extra pages as necessary. Please submit these forms BEFORE sentencing date.**

CRIME RELATED COSTS

PERSONAL PROPERTY: List any personal belongings or personal property lost, destroyed or damaged as a result of this crime and the value. This would include damage to your home, business or other real estate.

\$ _____

\$ _____

\$ _____

\$ _____

MEDICAL EXPENSES: List any medical expenses incurred as a result of this crime. **Please provide copies of health insurance claim records.**

\$ _____

\$ _____

\$ _____

CONTINUING MEDICAL EXPENSES: List any future medical or counseling expenses your doctor or therapist anticipate and **attach an estimate of their costs.**

\$ _____

\$ _____

\$ _____

FUNERAL EXPENSES: List any funeral expenses if appropriate and **attach copies of bills.**

\$ _____

\$ _____

\$ _____

OTHER EXPENSES: Please list any other expenses you incurred and **attach copies of bills.**

\$ _____

\$ _____

\$ _____

LOST WAGES: Provide a written statement from your employer, on their letterhead, stating the number of hours/days lost and total amount of wages lost due to this crime.

\$ _____

TOTAL OF CRIME RELATED COST \$ _____

MONEY YOU WERE PAID BY INSURANCE, VICTIM COMPENSATION OR OTHER SOURCES. (Attach copies of receipts or insurance payments.)

If you have already received or expect to receive any payments or benefits from the sources below, please indicate any amounts received, name of insurance company and claim number.

PROPERTY, AUTO OR HOMEOWNERS INSURANCE:

Name of Company and Address:

_____ Amount received \$ _____
_____ Claim Number _____
_____ Phone Number _____

MEDICAL INSURANCE:

Name of Company and Address:

_____ Amount received \$ _____
_____ Claim Number _____
_____ Phone Number _____

OTHER:

_____ Amount received \$ _____
_____ Claim Number _____
_____ Phone Number _____

Have you applied for Crime Victim Compensation? _____ YES _____ NO

If yes, and you have received compensation, please list the amount paid \$ _____

(If you would like to receive information on the requirements for filing a claim with Crime Victim Compensation you can go to their website at: www.michigan.gov/crimevictim or contact the Crime Victims Rights Unit at (586) 469-5675.)

TOTAL MONEY RECEIVED FROM INSURANCE, CRIME VICTIM COMPENSATION, AND OTHER SOURCES: \$ _____

Please write any additional information you would like the judge to know about the money this crime has cost.

I swear that the statements made here are true to the best of my knowledge.

Signature: _____ Date: _____

Please print your name: _____