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BUSINESS RESTITUTION STATEMENT

Defendant/Juvenile _____ Case No. _____

Business Name _____ Co-defendant/Juvenile(s) _____

PROPERTY DAMAGE: Complete if there was damage to the property

- No Property Loss All Property Recovered* Partially recovered / damaged*

PROPERTY LOSS: List property destroyed, damaged, or stolen from this incident. (Attach list, if needed) **We must prove the "fair market value" or "as is" value of each item lost. Replacement value is not the same as fair market value. You must include at least two, preferably three written estimates, values or appraisals for verification purposes of each item. Photos are very helpful! *Get comparable values off ebay, pawnshops and store receipts to help substantiate property value.**

BUSINESS OWNER'S INSURANCE COMPANY*
 (Agent, address, phone, claim#, deductible)

BUSINESS CAR INSURANCE COMPANY*
 (Agent, address, phone, claim#, deductible)

Business Owners' Insurance claim total: \$ _____ Vehicle Insurance claim total: \$ _____
 Business Owner's deductible: \$ _____ Vehicle Insurance deductible: \$ _____

*We ask for this information to get the insurance company reimbursed.

*Attach or send in copies of all bills as they come in. *Contact victim unit to get a property return form. Property may be retained until completion of the case.

Grand Total Due to Business \$ _____
 (out-of-pocket loss, co-pay, & deductibles)
Grand Total Paid by Business Insurance \$ _____
Grand Total Paid by Vehicle Insurance \$ _____

BUSINESS IMPACT STATEMENT: Describe the impact of the crime

Please know the comments are very important to us. Under Michigan law, the business has the right to indicate what sentence they would like the defendant to receive; prison/jail, probation, counseling, community service. The business also has the right to reasonable protection from the accused through the criminal justice process. Our goal is to gather information about the crime from your agency and assure safety as best we can. Note: We may be required to give a copy of this form to the defense attorney.

SAFETY CONCERNS: Describe any safety concerns.

Signature

Date

Do you want to speak at sentencing?

Yes

No

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

Relationship to Business

REGISTRATION FOR COURT NOTIFICATION

VINELINK is a free, confidential, automated notification service. There are two notification services available to victims of crime – 1) jail release information, and 2) court event information. **This form is only for court event notification.** Notification can be made via an automated telephone call or email. You must enter a 4-digit PIN to complete the automated phone call. The email notification does not require any action on your part. This service is much more efficient than notification by regular mail. This service notifies you when a hearing is set or cancelled. You can access information anytime at www.vinelink.com or by calling 1-800-770-7657. **For jail release notification, the defendant must be in custody at the time of registration.** Please call our office if you have questions.

CONFIDENTIAL CONTACT INFORMATION

**This information is protected under the Crime Victim Rights Act*

Business Owner's Name _____

Address _____

Business Phone: _____ Cell/Home: _____

E-mail: _____

Which type of notice would be the most convenient for you to receive updates of court hearings? (Only one registration is needed)

email Email address: _____ (please print clearly)

OR:

phone Pin No.: _____ (4-digit) Phone No.: _____

**You are not required to appear for a hearing unless specifically called by our office staff or receive a subpoena. You are always welcome to appear at any hearing. If you do decide to appear, simply check-in the prosecutor's office to let us know you are here. The notifications are for informational purposes only.*