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**VICTIM RESTITUTION STATEMENT**

Defendant/Juvenile \_\_\_\_\_ Case No. \_\_\_\_\_

Victim \_\_\_\_\_ Co-defendant/Juvenile(s) \_\_\_\_\_

**INJURIES: Complete this section if THE VICTIM has a physical injury**

Describe the victim's physical injury:

**No Injuries**

Photos taken of the injuries?  Yes  No  
 \*Take additional photos as bruises progress

Who has the photos? \_\_\_\_\_

**MEDICAL COSTS: Complete this section if THE VICTIM had medical treatment**

Doctor / Phone:  
 Insurance Provider/ Phone:  
 Treating Hospital:  
 Counselor/Phone:  
 Future medical trmt:

**No Medical costs**

Homemaking or child-care expenses (caused by medical injury):\$ \_\_\_\_\_  
 Cost of counseling:\$ \_\_\_\_\_  
 Medical costs covered by insurance:\$ \_\_\_\_\_  
 Out-of-pocket medical cost/co-pays/  
 deductibles:\$ \_\_\_\_\_  
 # of miles to/from doctors, rehab, etc: \_\_\_\_\_  
 Work loss due to injury (include copies of pay stubs):\$ \_\_\_\_\_

\*\* Attach or send copies of the medical bills and receipts as you receive them. \*\*

**PROPERTY DAMAGE: Complete if THE VICTIM had damage to 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.

Amount of property loss: \$ \_\_\_\_\_  
Out of pocket/deductible: \$ \_\_\_\_\_

\*Contact victim unit to get a property return form. Property may be retained until completion of the case.

**INSURANCE: Complete ONLY if you are making a claim to insurance       No Claim filed**

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

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

Home Owners' Insurance claim total: \$ \_\_\_\_\_  
Your Home Owner's Deductible: \$ \_\_\_\_\_

Car Insurance claim total: \$ \_\_\_\_\_  
Your Car Insurance Deductible: \$ \_\_\_\_\_

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

**TOTAL COSTS/DAMAGES: Summary of ALL costs and damages of out of pocket costs**

\*Attach or send in copies of all bills as they come in.

**Grand Total Due to Victim** \$ \_\_\_\_\_  
(out-of-pocket loss, co-pay, & deductibles)  
**Grand Total Paid by Medical Insurance** \$ \_\_\_\_\_  
**Grand Total Paid by Car Insurance** \$ \_\_\_\_\_  
**Grand Total Paid by Home Owner's Insurance** \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Relationship to Victim

## REGISTRATION FOR COURT NOTIFICATION

VINELINK is a free, confidential, automated notification service. There are two types of notification available – 1) jail release information, and 2) court event information. **This form is only for court event notification.** Sign up for notification either by an automated telephone call or an email. You must enter a 4-digit PIN to complete the automated call. The email notification does not require any response on your part. The VINELINK service is much more efficient than notification by regular mail. This service notifies you when a hearing is set and/or cancelled. You can access information anytime at [www.vinelink.com](http://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 us if you have any questions on any notification.

### CONFIDENTIAL CONTACT INFORMATION

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

Victim Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **Which type of notice would be the most convenient for you?**

*(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. These notifications are for informational purposes only.*

**VICTIM IMPACT STATEMENT: Describe the impact of the crime**

*Please know the comments are very important to us. Under Michigan law, the victim has the right to indicate what sentence they would like the defendant to receive; prison/jail, probation, counseling, community service. The victim 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 you and assure the victim's 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 Victim*