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1441 ST. ANTOINE STREET
DETROIT, MICHIGAN 48226-2302

TEL: (313) 224-5777
FAX: (313) 224-0974

March 21, 2024



RE: *The People of the State of Michigan v* [REDACTED]
Case No.: [REDACTED]

Dear [REDACTED]

Our office has charged the defendant(s) with the following crime(s):

Retail Fraud - Third Degree

As a victim of crime, the Michigan Crime Victim's Rights Act gives you the right to participate in the processing of your case in the criminal justice system. The Victim Services Unit of the Wayne County Prosecutor's Office can provide you with court notification, support and community referrals.

If you wish to speak with the Victim Advocate, contact our Office and we will help you. Whenever calling our Office for information, please have the case number, defendant's name, and the victim's name ready. (All information can be found at the top of this letter). **Please call our Office if you change your address or telephone number at any time during this case.**

If yourself, or a family member, is being threatened or harassed, contact the Officer In Charge of your case immediately. If you have any questions or concerns regarding your rights or this case, contact Karen Thomas at (313) 967-2330 or via email at kthomas2@waynecounty.com.

Thank you for your assistance.

Sincerely,

Karen Thomas
Department Supervisor I

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VICTIM IMPACT STATEMENT

March 21, 2024

The People of the State of Michigan v. [REDACTED]
Case No.: [REDACTED]

Dear [REDACTED]

Unfortunately, you have recently been the victim of crime. Under the Michigan Crime Victim Rights Act, you have the right to make an Impact Statement to the court regarding your case. You may give this voluntary statement in writing at the sentencing, or you may use this form to make your statement in writing. If you chose to make your statement in writing, please complete this form and return to our office in the enclosed envelope as soon as possible. Your answers, not your address or telephone, will be available to the defendant and his/her attorney. If you need additional space, please attach extra pages.

VICTIM'S PHYSICAL OR EMOTIONAL INJURY

Were you present when the crime happened? Yes ____ No ____

As a result of this crime, were you physically injured? Yes ____ No ____

If YES, explain injuries and treatments received from hospital or doctor:

Do you have health insurance to pay for your medical bills? Yes ____ No ____

Health Insurance Company _____ (include Medicaid-Medicare insurance)

PLEASE SAVE YOUR BILLS - Include any co-payments not covered by your insurance company.

Were you psychologically injured as a result of this crime? Yes ____ No ____

Are you in need of counseling or therapy? Yes ____ No ____

If YES, have you received any counseling or therapy? Yes ____ No ____

If YES, describe the length of time you have been and/or will be undergoing therapy or counseling:

If the crime involved property loss, such as a stolen car or break-in of a home or business, please note any cost to you not covered by insurance, including deductible. PLEASE SAVE ALL YOUR BILLS. Please list items damaged and costs.

RESTITUTION

Do you want the offender to repay you for your financial losses (RESTITUTION) as a part of the sentence imposed by the sentencing judge? Yes _____ No _____

If the defendant is unable to pay for your loss; should he/she do unpaid community service work in Wayne County, as a part of the sentence? Yes _____ No _____

VICTIMS'S PERSONAL REACTION

Describe how this crime affected you and/or your family. Describe any after effects as a result of this crime.

DISPOSITION

What recommendations do you have or what sentence do you think the defendant should receive if he/she is convicted of this crime? (Example: Prison, Probation, Counseling, Drug/Alcohol Rehabilitation, etc.)

I swear that this information is true to the best of my knowledge.

Signature: _____ Date: _____

PLEASE NOTIFY OUR OFFICE OF ANY PHONE OR ADDRESS CHANGES BY CALLING KAREN THOMAS, KT AT (313) 967-2330 or via email at kthomas2@waynecounty.com