

CRIME VICTIM INFORMATION SHEET AND VICTIM IMPACT STATEMENT PACKET

ATENCION: Si tiene preguntas sobre este document, favor de llamar al _____ para asistencia en español.

KNOW YOUR RIGHTS IN THE CRIMINAL JUSTICE PROCESS

- 1. CRIME VICTIMS' RIGHTS:** You have crime victim rights if you are a:
 - Victim,
 - Parent/Guardian of a victim, or
 - Close relative of a deceased victim.
- 2. CONFIDENTIAL INFORMATION SHEET:**
 - Used by criminal justice professionals to contact you throughout the process.
 - Used to elect and exercise your rights to notification of court proceedings, probation, parole and release.
 - Used to notify if you want to refuse any contact with the defendant.

You must notify your Victim Assistance Coordinator if any of your contact information changes to make sure you are kept informed.

After the defendant is convicted and sent to a Texas Department of Criminal Justice facility (prison), notify the Victim Services Division of any new contact information at 1-800-848-4284 or victim.svc@tdcj.state.tx.us.

- 3. VICTIM IMPACT STATEMENT:** Victims have the right to submit a Victim Impact Statement. The Victim Impact Statement is a written, detailed account of the emotional, physical, psychological, and financial impact the crime has had on the victims and family members. This document can be used to explain your feelings of loss, frustration, and fear. Only you can provide this vital information. The Victim Impact Statement has become a significant tool in the criminal justice process.

HOW YOUR VIS IS USED:

Prosecutor:

- Considers your Victim Impact Statement before entering into a plea arrangement.
- Considers your Victim Impact Statement to determine the restitution amount (if requested).

Judge:

- Considers your Victim Impact Statement before imposing a sentence; however, the Victim Impact Statement is not considered by a jury.
- Considers your Victim Impact Statement before accepting the plea.

Your Victim Impact Statement, excluding Section 2 of the Confidential Information Sheet, becomes a formal part of the court record and can be seen by the defendant and his attorney. The defendant or his attorney may comment on the Victim Impact Statement and, with approval of the court, introduce evidence or testimony in regards to its accuracy.

Community Supervision (probation):

- Community Supervision officers have access to your Victim Impact Statement for notification purposes.

Board of Pardons and Paroles:

- Considers your Victim Impact Statement prior to voting whether or not to release the offender or to impose special conditions of release.

If the defendant is sentenced to prison, your Victim Impact Statement goes with his or her court records to the Texas Department of Criminal Justice.

For additional information visit the Texas Crime Victim Clearinghouse website at: www.tdcj.state.tx.us/victim/victim-clearinghs.htm

CONFIDENTIAL



**VICTIM IMPACT CONTACT INFORMATION
CONFIDENTIAL INFORMATION SHEET**

OFFENSE INFORMATION. To be completed by the Victim Assistance Coordinator.

Offense:	Offense date:			
Defendant:				
Cause/Case #:	(Last Name)	CID #:	(First Name)	(MI) (DOB)
County of offense:	County of conviction/adjudication:			
TDCJ #:	SID #:			

The Confidential Information Sheet will be used by criminal justice professionals to contact you throughout the process. **SECTIONS 1 & 2.** To be completed by the victim, parent/guardian or close relative of the victim.

SECTION 1. NOTIFICATION.

- Do you want to be notified of relevant court proceedings? YES NO
- If the defendant is placed on community supervision (probation), do you want to be notified of relevant community supervision proceedings? YES NO
- If the defendant is incarcerated in a Texas Department of Criminal Justice facility, do you want to be notified if he/she is being considered for parole or release? YES NO
- If the defendant is incarcerated in a Texas Department of Criminal Justice facility, do you want communications with the offender restricted? YES NO

➡ **IF YOU MOVE OR CHANGE ANY OF YOUR CONTACT INFORMATION, CALL YOUR VICTIM ASSISTANCE COORDINATOR OR THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE-VICTIM SERVICES DIVISION AT 800-848-4284.** ⬅

SECTION 2. CONFIDENTIAL INFORMATION

Victim's Name:	Driver's License and State:	
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Person Submitting this Statement:	Relationship to Victim:	
Address:	Date of Birth:	
City:	State:	Zip:
Home Phone:	Work Phone:	Cell:
Email Address:	Driver's License and State:	

Please provide the contact information of someone who will always know how to reach you.

Full Name:		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell:
Email Address:		

Signature: _____ Date: _____



VICTIM IMPACT STATEMENT

➡ RETURN THIS DOCUMENT TO YOUR VICTIM ASSISTANCE COORDINATOR ⬅

OFFENSE INFORMATION. To be completed by the Victim Assistance Coordinator.

Offense:		Offense date:			
Defendant:					
(Last Name)		(First Name)		(MI)	(DOB)
Co-Defendant:					
(Last Name)		(First Name)		(MI)	(DOB)
Cause/Case #:		CID #:		Court #:	
County of offense:			County of conviction/adjudication:		
TDCJ #:			SID #:		
Victim Assistance Coordinator:				Rec'd:	
Agency:					
Address:					
Phone:			E-mail:		

VICTIM IMPACT INFORMATION. To be completed by the victim, parent/guardian or close relative of the victim. Please give any other information you believe is important about the effect of this crime on you and your family. Please do not relate any information about the crime itself; those facts are available already in other reports.

Victim's Name:

The information in this statement will show the impact the crime has on the victim, the parents, guardians or close relative of the victim or other family members of the victim. It may be used at each phase of the criminal justice process: from the prosecution of the offense; to incarceration in the Texas Department of Criminal Justice; and through the parole review process. Please answer only as many questions as you wish. If you need more space, feel free to use additional sheets of paper and attach them to this Victim Impact Statement.

EMOTIONAL/PSYCHOLOGICAL IMPACT. Use this section to discuss your feelings about what has happened to you as a result of the crime and how it has affected your general well-being. Please check all the reactions you have experienced.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Loss of sleep | <input type="checkbox"/> Lack of concentration | <input type="checkbox"/> Fear of strangers | <input type="checkbox"/> Marital problems |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Fear of being alone | <input type="checkbox"/> Anger | <input type="checkbox"/> Loss of security/control |
| <input type="checkbox"/> No trust in anyone | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Cry more easily | <input type="checkbox"/> Thoughts of suicide |
| <input type="checkbox"/> Serious change in appetite | <input type="checkbox"/> Job stress | <input type="checkbox"/> Family not as close | <input type="checkbox"/> Feelings of helplessness |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Want to be alone | <input type="checkbox"/> School stress | <input type="checkbox"/> Fear of leaving home |
| <input type="checkbox"/> Other | | | |

PHYSICAL INJURY. Use this section to discuss what physical injuries or symptoms were suffered as a result of this crime. You may want to write about the extent of the injuries, how long your injuries lasted, and if you received and/or where you received medical treatment for your injuries. If more space is required, please use additional pages.

Indicate medical treatment received. Attach a doctor's statement if you wish.

- Treated at the scene only Treated at medical center
 Hospitalized for ___ days Other (Please explain)

ECONOMIC LOSS. Use this section to record the extent of economic and financial loss as a result of this crime. You may want to begin a journal of economic loss as soon as possible after the crime occurred. In the event of a conviction, this information may be used later by the presiding judge to determine any restitution owed by the defendant.

Estimate of Economic Loss	Cost to Date	Future Expected Costs
Loss of income from work	\$	\$
Property loss or damage	\$	\$
Doctor/hospital bills	\$	\$
Counseling expenses	\$	\$
Emergency transportation	\$	\$
Crime scene cleanup	\$	\$
Moving expenses	\$	\$
Funeral expenses (if applicable)	\$	\$
Other (Please explain)	\$	\$
	\$	\$
Amount covered by insurance	\$	\$

Feel free to attach copies of receipts, bills, and canceled checks. Are copies attached? Yes No

Have you applied for Crime Victims' Compensation through the Attorney General's Office in Austin? Yes No

If you have not, you may apply at www.texasattorneygeneral.gov

If you have, please provide your claim number:

The information in this Victim Impact Statement is true and correct to the best of my knowledge.

Print Name

Signature

Date

Information submitted by: Victim Parent/Guardian Close Relative Other _____

VICTIM IMPACT STATEMENT

VICTIM IMPACT INFORMATION. To be completed by the victim, parent/guardian or close relative of the victim. Please give any other information you believe is important about the effect of this crime on you and your family. Please do not relate any information about the crime itself; those facts are available already in other reports.

The information in this Victim Impact Statement is true and correct to the best of my knowledge.

Print Name

Signature

Date

Information submitted by: Victim Parent/Guardian Close Relative Other _____

CONFIDENTIAL



**VICTIM IMPACT STATEMENT SUPPLEMENTAL
COURT ORDERED CHILD CUSTODY ORDERS**

OFFENSE INFORMATION. To be completed by the Victim Assistance Coordinator.

Offense:		Offense date:			
Defendant:					
Cause/Case #:		(Last Name)	(First Name)	(MI)	(DOB)
CID #:			Court #:		
County of offense:			County of conviction/adjudication:		
TDCJ#:			SID #:		
Victim Assistance Coordinator:				Rec'd:	
Agency:					
Address:					
Phone:			E-mail:		

➡ FILL OUT THIS PAGE ONLY IF THE DEFENDANT HAS A COURT ORDER THAT GRANTS HIM OR HER POSSESSION OR ACCESS TO THE MINOR CHILD. NOTIFICATION TO THE APPROPRIATE COURT WILL BE MADE PRIOR TO THE DEFENDANT'S/RESPONDENT'S RELEASE. ⬅

This information will be used by the Texas Department of Criminal Justice-Victim Services Division if the defendant/respondent in this case is incarcerated on this offense involving this child victim.

SECTIONS 1 & 2. To be completed by the victim, parent/guardian or close relative of the victim. Provide information regarding the existing child custody order involving the defendant, and **NOT** the current criminal offense or conviction.

Section 1. VICTIM INFORMATION.

Information submitted by: Parent/Guardian Close relative of victim Other

Victim's Name:

(If applicable, alias)

_____ (Last Name)

_____ (First Name)

_____ (MI)

Date of Birth: _____

Section 2. COURT INFORMATION.

Court issuing Custody Order:

County:

Court Address: _____

City:

State:

Zip:

Name of Judge Issuing the court order:

Cause #:

Type of court order/decreed issued: _____

Name of custodial parent/guardian:

Phone #: