



# VICTIM IMPACT STATEMENT

## ***It is your right!***

This Victim Impact Statement (VIS) will be used throughout the criminal justice system (by the prosecutor, the judge, and the parole board) to better understand the emotional/psychological, physical, and financial impact of the crime.

The contact information you provide in this Victim Impact Statement is important and will be used to contact you if you wish to receive information from:

- Community Supervision and Corrections Department (probation);
- Texas Department of Criminal Justice (prison); and
- Board of Pardons and Paroles.

*Return the*  
**Confidential Victim Contact Information and the**  
**Victim Impact Statement to the**  
**county or district attorney's office**  
**that is prosecuting your case.**

Victim Assistance Coordinator:	
Agency:	
Address:	
City:	Zip Code:
Phone:	Fax:
E-mail:	





# VICTIM IMPACT STATEMENT

## CRIME VICTIM INFORMATION SHEET AND VICTIM IMPACT STATEMENT PACKET

*ATENCIÓN: Si tiene preguntas sobre este documento, favor de llamar al \_\_\_\_\_ para asistencia en español.*

### **KNOW YOUR RIGHTS IN THE CRIMINAL JUSTICE PROCESS. KEEP THIS PAGE FOR YOUR RECORDS.**

**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 by the Texas Department of Criminal Justice (TDCJ) to add you to their database if you request to receive notification of changes in the defendant's status if he or she is incarcerated in a TDCJ facility (prison).

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

If the defendant is convicted and sent to a TDCJ facility, notify the TDCJ Victim Services Division of any new contact information at 1-800-848-4284 or [victim.svc@tdcj.state.tx.us](mailto: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 such as loss, frustration, and fear. Only you can provide this vital information.

### **HOW YOUR VICTIM IMPACT STATEMENT 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 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 so they can notify you if the defendant is placed on probation.

**Texas Department of Criminal Justice**

- If the defendant is sentenced to prison, your Victim Impact Statement goes to the TDCJ Victim Services Division to provide you with information regarding the defendant. You can register for this service by completing the "Confidential Information Sheet," which is a part of the attached Victim Impact Statement.

**Board of Pardons and Paroles:**

- Parole Board Members will consider your Victim Impact Statement prior to voting whether or not to release the offender or to impose special conditions of release.

For additional information visit the Texas Crime Victim Clearinghouse website at: [www.tdcj.state.tx.us/victim/victim-clearings.htm](http://www.tdcj.state.tx.us/victim/victim-clearings.htm)

**Article 56.01 - DEFINITIONS**

(1) "Close relative of a deceased victim" means a person who was the spouse of a deceased victim at the time of the victim's death or who is a parent or adult brother, sister, or child of the deceased victim.

(2) "Guardian of victim" means a person who is the legal guardian of the victim, whether or not the legal relationship between the guardian and the victim exists because of the age of the victim or the physical or mental incompetency of the victim.

(2-a) "Sexual assault" includes an offense under Section 21.02, Penal Code.

(3) "Victim" means a person who is the victim of the offense of sexual assault, kidnapping, aggravated robbery, trafficking of persons, or injury to a child, elderly individual, or disabled individual or who has suffered personal injury or death as a result of the criminal conduct of another.

**Article 56.02 - CRIME VICTIMS' RIGHTS**

(a) A victim, guardian of a victim, or close relative of a deceased victim is entitled to the following rights within the criminal justice system:

- (1) the right to receive from law enforcement agencies adequate protection from harm and threats of harm arising from cooperation with prosecution efforts;
- (2) the right to have the magistrate take the safety of the victim or his family into consideration as an element in fixing the amount of bail for the accused;
- (3) the right, if requested, to be informed:
  - (A) by the attorney representing the state of relevant court proceedings, including appellate proceedings, and to be informed if those proceedings have been canceled or rescheduled prior to the event; and
  - (B) by an appellate court of decisions of the court, after the decisions are entered but before the decisions are made public;
- (4) the right to be informed, when requested, by a peace officer concerning the defendant's right to bail and the procedures in criminal investigations and by the district attorney's office concerning the general procedures in the criminal justice system, including general procedures in guilty plea negotiations and arrangements, restitution, and the appeals and parole process;
- (5) the right to provide pertinent information to a probation department conducting a presentencing investigation concerning the impact of the offense on the victim and his family by testimony, written statement, or any other manner prior to any sentencing of the offender;
- (6) the right to receive information regarding compensation to victims of crime as provided by Subchapter B, including information related to the costs that may be compensated under that subchapter and the amount of compensation, eligibility for compensation, and procedures for application for compensation under that subchapter, the payment for a medical examination under Article 56.06 for a victim of a sexual assault, and when requested, to referral to available social service agencies that may offer additional assistance;
- (7) the right to be informed, upon request, of parole procedures, to participate in the parole process, to be notified, if requested, of parole proceedings concerning a defendant in

- the victim's case, to provide to the Board of Pardons and Paroles for inclusion in the defendant's file information to be considered by the board prior to the parole of any defendant convicted of any crime subject to this subchapter, and to be notified, if requested, of the defendant's release;
- (8) the right to be provided with a waiting area, separate or secure from other witnesses, including the offender and relatives of the offender, before testifying in any proceeding concerning the offender; if a separate waiting area is not available, other safeguards should be taken to minimize the victim's contact with the offender and the offender's relatives and witnesses, before and during court proceedings;
  - (9) the right to prompt return of any property of the victim that is held by a law enforcement agency or the attorney for the state as evidence when the property is no longer required for that purpose;
  - (10) the right to have the attorney for the state notify the employer of the victim, if requested, of the necessity of the victim's cooperation and testimony in a proceeding that may necessitate the absence of the victim from work for good cause;
  - (11) the right to counseling, on request, regarding acquired immune deficiency syndrome (AIDS) and human immunodeficiency virus (HIV) infection and testing for acquired immune deficiency syndrome (AIDS), human immunodeficiency virus (HIV) infection, antibodies to HIV, or infection with any other probable causative agent of AIDS, if the offense is an offense under Section 21.02, 21.11(a)(1), 22.011, or 22.021, Penal Code;
  - (12) the right to request victim-offender mediation coordinated by the victim services division of the Texas Department of Criminal Justice;
  - (13) the right to be informed of the uses of a victim impact statement and the statement's purpose in the criminal justice system, to complete the victim impact statement, and to have the victim impact statement considered:
    - (A) by the attorney representing the state and the judge before sentencing or before a plea bargain agreement is accepted; and
    - (B) by the Board of Pardons and Paroles before an inmate is released on parole;
  - (14) to the extent provided by Articles 56.06 and 56.065, for a victim of a sexual assault, the right to a forensic medical examination if, within 96 hours of the sexual assault, the assault is reported to a law enforcement agency or a forensic medical examination is otherwise conducted at a health care facility; and
  - (15) for a victim of an assault or sexual assault who is younger than 17 years of age or whose case involves family violence, as defined by Section 71.004, Family Code, the right to have the court consider the impact on the victim of a continuance requested by the defendant; if requested by the attorney representing the state or by counsel for the defendant, the court shall state on the record the reason for granting or denying the continuance.
- (b) A victim, guardian of a victim, or close relative of a deceased victim is entitled to the right to be present at all public court proceedings related to the offense, subject to the approval of the judge in the case.

**CONFIDENTIAL**



**VICTIM CONTACT INFORMATION  
CONFIDENTIAL INFORMATION SHEET**

➡ RETURN THIS DOCUMENT TO YOUR VICTIM ASSISTANCE COORDINATOR ⬅

**OFFENSE INFORMATION. TO BE COMPLETED BY THE VICTIM ASSISTANCE COORDINATOR.**

OFFENSE:	OFFENSE					
	LAST NAME	FIRST NAME	MI	DOB	CAUSE/CASE #	COURT #
<input type="checkbox"/> Defendant						
<input type="checkbox"/> Defendant						
<input type="checkbox"/> Defendant						
TDCJ #:	DPS STATE ID (SID) #:			COUNTY:		

This 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 about relevant court proceedings?  YES  NO

Do you want to be notified if the defendant is placed on community supervision (probation)?  YES  NO

If the defendant is sent to prison (Texas Department of Criminal Justice), do you want to be notified when he or she is being considered for parole or release?  YES  NO

If the defendant is sent to prison, do you want any contact with the defendant?  YES  NO

**IMPORTANT!**

➡ **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 (Please use black ink and print clearly)**

Victim's Name:	Driver's License No. and State:
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Name of Person Submitting this Statement:</b>		Driver's License No. and State:	
Address:		Date of Birth:	
City:	State:	Zip:	
Home Phone:	Work Phone:	Cell:	
Email Address:		Relationship to Victim:	

<b>Please provide the contact information of someone not living with you who will know how to contact you.</b>			
Full Name:			
Address:			
City:	State:	Zip:	
Home Phone:	Work Phone:	Cell:	
Email Address:		Relationship to Victim:	





# VICTIM IMPACT STATEMENT

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## OFFENSE INFORMATION. TO BE COMPLETED BY THE VICTIM ASSISTANCE COORDINATOR.

OFFENSE:				OFFENSE		
	LAST NAME	FIRST NAME	MI	DOB	CAUSE/CASE #	COURT #
<input type="checkbox"/>	Defendant					
<input type="checkbox"/>	Defendant					
<input type="checkbox"/>	Defendant					
TDCJ #:		DPS STATE ID (SID) #:		COUNTY:		
Victim Assistance Coordinator:						
Agency:						
Address:						
City:			Zip Code:			
Phone:			Fax:			
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.***

The information in this statement will show the impact the crime has on the victim, the parents, guardians or close relatives 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, an additional page is available; attach it to this Victim Impact Statement.

### Victim's Name:

**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.

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

Has the victim or the victim's family sought counseling as a result of the crime?  Yes  No

How has this crime affected you, your family or those close to you? Please feel free to discuss your feelings, thoughts and general well-being. (Please attach additional page if used.)

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**PHYSICAL INJURY.** Use this section to discuss any physical injuries suffered as a result of this crime. You may want to write about the extent of the injuries and how long the injuries lasted. (Please attach additional page if used.)

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- Treated at \_\_\_\_\_ medical center
- Hospitalized at \_\_\_\_\_ for \_\_\_\_\_ days

**FINANCIAL LOSS.** Use this section to record the extent of financial loss as a result of this crime. You may want to keep a log of your financial loss as soon as possible after the crime occurred. In the event of a conviction, this information **may** be used later by the judge to determine if any restitution may be ordered.

Estimate of Financial Loss	Cost to Date	Future Expected Costs
Medical/dental expenses	\$ _____	\$ _____
Property loss or damage	\$ _____	\$ _____
Loss of income from work	\$ _____	\$ _____
Counseling expenses	\$ _____	\$ _____
Emergency transportation	\$ _____	\$ _____
Crime scene cleanup	\$ _____	\$ _____
Moving expenses	\$ _____	\$ _____
Funeral expenses (If applicable)	\$ _____	\$ _____
Other (Please explain)	\$ _____	\$ _____

- Were any expenses covered by insurance or other sources?  Yes  No
- If available, please 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?  Yes  No

*If you have not, you may apply at [www.texasattorneygeneral.gov](http://www.texasattorneygeneral.gov) or call 1-800-983-9933.*

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 \_\_\_\_\_