



VICTIM IMPACT STATEMENT

**J U S T
F O R
K I D S**

TO PARENTS: If your child is too young to read or is just learning to read, you may want to help your child fill out the Victim Impact Statement. When helping your child, read the directions aloud to your child; talk about what feelings are—Happy, Sad, Mad, Scared, or any other feelings you think appropriate—and what your child may want to think about when he or she is drawing or writing on the Statement. Please do not tell your child what to draw or write. This is your child's chance to tell the judge how he or she is feeling about what happened. If your child would rather draw a picture of a bird, a boat, or write a story about bumblebees, this is OK too. Should your child become uncomfortable in any way while filling out the Victim Impact Statement, reassure your child that he or she does not have to fill out the form unless he or she wants to.

VICTIM IMPACT STATEMENT JUST FOR KIDS



I AM THE VICTIM OF THIS CRIME: YES NO

MY NAME IS: _____

I AM YEARS OLD, AND I AM IN THE GRADE.

I AM (CIRCLE AS MANY AS YOU LIKE):



HAPPY



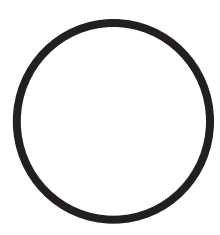
SAD



MAD



SCARED



OTHER

IF YOU WERE THE JUDGE, WHAT WOULD YOU DO TO:

(OFFENDER'S NAME)

- A. SEND HIM OR HER TO JAIL
- B. MAKE HIM OR HER PAY SOME MONEY
- C. SEND HIM OR HER TO A DOCTOR TO GET HELP
- D. MAKE HIM OR HER STAY AWAY FROM KIDS
- E. NOTHING
- F. WHAT ELSE? (PUT YOUR OWN IDEA HERE!)

If you want to, you can use this box to draw a picture, write a poem, tell a story, or anything else you would like to do to tell the judge how you are feeling about what has happened to you. If you don't want to write or draw anything, that's OK too.

VICTIM IMPACT STATEMENT JUST FOR KIDS



PLEASE RETURN THIS 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:		

**Texas Department
of Criminal Justice**

Victim Services Division

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