

CRIME VICTIM INFORMATION SHEET AND VICTIM IMPACT STATEMENT PACKET

ATENCIÓN: 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-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.



VICTIM IMPACT CONTACT INFORMATION
CONFIDENTIAL INFORMATION SHEET

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

Form with fields: Offense, Offense date, Defendant, Cause/Case #, CID #, Court #, 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.

Form with notification questions and checkboxes: Do you want to be notified of relevant court proceedings?, If the defendant is placed on community supervision..., If the defendant is incarcerated in a Texas Department of Criminal Justice facility..., If the defendant is incarcerated in a Texas Department of Criminal Justice facility, do you want communications with the offender restricted?

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

Form with fields: Victim's Name, Driver's License and State, Date of Birth, 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.

Form with fields: 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 SUPPLEMENTAL
COURT ORDERED CHILD CUSTODY ORDERS**

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

Offense:		Offense date:		
Defendant:				
(Last Name)		(First Name)		(DOB)
Cause/Case #:	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 #: _____