

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.

| TO BE COMPLETED BY THE VICTIM ASSISTANCE COORDINATOR | | | |
|--|------------------------------|-----------|--------------|
| Victim Assistance Coordinator: | BRANDY JOHNSON | | |
| Agency: | CORYELL COUNTY CRIME VICTIMS | | |
| Address: | PO BOX 919 | | |
| City: | GATESVILLE | Zip Code: | 76528 |
| Phone: | 254-865-5911 | Fax: | 254-865-5147 |
| E-mail: | B_JOHNSON@CORYELLCOUNTY.ORG | | |



REMOVE AND KEEP FOR YOUR RECORDS



VICTIM IMPACT STATEMENT

CRIME VICTIM INFORMATION SHEET AND VICTIM IMPACT STATEMENT PACKET

ATENCIÓN: Si Ud. requiere asistencia en español o tiene preguntas sobre este documento, favor de llamar al _____.

KNOW YOUR RIGHTS IN THE CRIMINAL JUSTICE SYSTEM

- 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).
 - ***The Confidential Information Sheet cannot be seen by the defendant or the defense attorney.***

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.

- 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/psychological, physical, and financial impact the crime had on the victims and family members. This document can be used to explain your feelings such as loss, frustration, fear, and/or anger. Only you can provide this vital information.

KNOW 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; the Victim Impact Statement is not considered by a jury.
- Considers your Victim Impact Statement before accepting the plea.

Defense:

- Your Victim Impact Statement, ***excluding the Confidential Information Sheet***, may be seen by the defendant and his or her attorney.
- The defendant or his or her 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.

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:

- The Parole Board will consider your Victim Impact Statement prior to voting whether or not to release the offender to parole supervision.



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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" means an offense under Section 21.02, 21.11 (a) (1), 22.011, or 22.021, 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 request victim-offender mediation coordinated by the victim services division of the Texas Department of Criminal Justice;
- (12) 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;
- (13) 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



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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; and

(16) if the offense is a capital felony, the right to:

(A) receive by mail from the court a written explanation of defense-initiated victim outreach if the court has authorized expenditures for a defense-initiated victim outreach specialist;

(B) not be contacted by the victim outreach specialist unless the victim, guardian, or relative has consented to the contact by providing a written notice to the court; and

(C) designate a victim service provider to receive all communications from a victim outreach specialist acting on behalf of any person.

(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.

(c) The office of the attorney representing the state, and the sheriff, police, and other law enforcement agencies shall ensure to the extent practicable that a victim, guardian of a victim, or close relative of a deceased victim is afforded the rights granted by this article and Article 56.021 and, on request, an explanation of those rights.

(d) A judge, attorney for the state, peace officer, or law enforcement agency is not liable for a failure or inability to provide a right enumerated in this article or Article 56.021. The failure or inability of any person to provide a right or service enumerated in this article or Article 56.021 may not be used by a defendant in a criminal case as a ground for appeal, a ground to set aside the conviction or sentence, or a ground in a habeas corpus petition. A victim, guardian of a victim, or close relative of a deceased victim does not have standing to participate as a party in a criminal proceeding or to contest the disposition of any charge.

Note: During the 83rd Legislative Session, multiple bills were passed which resulted in the current numbering of the subsections. Therefore, the Texas Code of Criminal Procedure Article 56.02(a)(14-15) currently do not exist.

Art. 56.021 - RIGHTS OF VICTIM OF SEXUAL ASSAULT

(a) In addition to the rights enumerated in Article 56.02, if the offense is a sexual assault, the victim, guardian of a victim, or close relative of a deceased victim is entitled to the following rights within the criminal justice system:

(1) if requested, the right to a disclosure of information

regarding any evidence that was collected during the investigation of the offense, unless disclosing the information would interfere with the investigation or prosecution of the offense, in which event the victim, guardian, or relative shall be informed of the estimated date on which that information is expected to be disclosed;

(2) if requested, the right to a disclosure of information regarding the status of any analysis being performed of any evidence that was collected during the investigation of the offense;

(3) if requested, the right to be notified:

(A) at the time a request is submitted to a crime laboratory to process and analyze any evidence that was collected during the investigation of the offense;

(B) at the time of the submission of a request to compare any biological evidence collected during the investigation of the offense with DNA profiles maintained in a state or federal DNA database; and

(C) of the results of the comparison described by Paragraph (B), unless disclosing the results would interfere with the investigation or prosecution of the offense, in which event the victim, guardian, or relative shall be informed of the estimated date on which those results are expected to be disclosed;

(4) if requested, the right to counseling regarding acquired immune deficiency syndrome (AIDS) and human immunodeficiency virus (HIV) infection;

(5) for the victim of the offense, 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; and

(6) to the extent provided by Articles 56.06 and 56.065, for the victim of the offense, the right to a forensic medical examination if, within 96 hours of the offense, the offense is reported to a law enforcement agency or a forensic medical examination is otherwise conducted at a health care facility.

(b) A victim, guardian, or relative who requests to be notified under Subsection (a)(3) must provide a current address and phone number to the attorney representing the state and the law enforcement agency that is investigating the offense. The victim, guardian, or relative must inform the attorney representing the state and the law enforcement agency of any change in the address or phone number.

(c) A victim, guardian, or relative may designate a person, including an entity that provides services to victims of sexual assault, to receive any notice requested under Subsection (a)(3).



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CONFIDENTIAL



VICTIM CONTACT INFORMATION CONFIDENTIAL INFORMATION SHEET

This Confidential Information Sheet will be used by criminal justice professionals to contact you throughout the process. This includes notifying you about court proceedings, community supervision (probation), and parole or release if the defendant is sent to prison. You may choose to complete only this page for notification purposes.

ATENCIÓN: Si Ud. requiere asistencia en español o tiene preguntas sobre este documento favor de llamar al _____.

| TO BE COMPLETED BY THE VICTIM ASSISTANCE COORDINATOR | | | | | |
|--|--------------------|------------------|---------------|---------|--------|
| OFFENSE: | | | OFFENSE DATE: | | |
| DEFENDANT(S) NAME (LAST, FIRST MI) | DPS State ID (SID) | DOB (mm/dd/yyyy) | Cause/Case # | Court # | TDCJ # |
| | | | | | |
| | | | | | |
| | | | | | |

| SECTIONS 1 & 2 TO BE COMPLETED BY VICTIM, PARENT/GUARDIAN OR CLOSE RELATIVE | |
|---|--|
| SECTION 1. NOTIFICATION | |
| Do you want to be notified about relevant court proceedings? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you want to be notified if the defendant is placed on community supervision (probation)? | <input type="checkbox"/> YES <input type="checkbox"/> 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? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If the defendant is sent to prison, do you want the defendant to be prohibited from contacting you? | <input type="checkbox"/> YES <input type="checkbox"/> 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 |
| Name of Person Submitting this Statement: | Driver's License No. and State: |
| Address: | Date of Birth: |
| City: | State: Zip: |
| Home Phone: | Work Phone: Cell Phone: |
| Email Address: | Relationship to Victim: |
| Please provide the contact information of someone not living with you who will know how to contact you. | |
| Full Name: | |
| Address: | |
| City: | State: Zip: |
| Home Phone: | Work Phone: Cell Phone: |
| Email Address: | Relationship to Victim: |

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The 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.

| TO BE COMPLETED BY THE VICTIM ASSISTANCE COORDINATOR | | | | | |
|--|--------------------|------------------|---------------|---------|--------|
| OFFENSE: | | | OFFENSE DATE: | | |
| DEFENDANT(S) NAME (LAST, FIRST MI) | DPS State ID (SID) | DOB (mm/dd/yyyy) | Cause/Case # | Court # | TDCJ # |
| | | | | | |
| | | | | | |
| | | | | | |

Please give 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 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 sentencing to community supervision or 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.

| TO BE COMPLETED BY THE VICTIM, PARENT/GUARDIAN OR CLOSE RELATIVE OF THE VICTIM |
|--|
| 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.

- Changes in sleep pattern Lack of concentration Fear of strangers Loss of security/control
- Nightmares Fear of being alone Anger Feelings of helplessness
- Difficulty trusting others Anxiety Cry more easily Fear of leaving home
- Change in appetite Job stress Family not as close Other
- Depression Want to be alone School stress
- Marital/Relationship problems

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.)

- Treated at _____ (medical center / clinic / physician's office)
- Hospitalized at _____ for ____ days

FINANCIAL LOSS.

Losses you have incurred may include medical and dental care, emergency transportation, property loss or damages, loss of income from work, counseling, crime scene cleanup, moving or changing residence, funeral costs, and other costs of this nature.

You may want to begin keeping a log of your financial loss as soon as possible after the crime occurred. You may also want to keep any receipts and records you have in a folder or separate location for safe keeping. In the event of a conviction, the prosecutor or judge **may** use this information to determine if any restitution may be ordered.

Please provide a best estimate of your financial loss to date: _____ | \$ _____

- Do you anticipate any future costs resulting from this crime? Yes No
- Were any expenses covered by insurance or other sources? 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 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 _____



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