

VICTIM IMPACT STATEMENT

To be completed by Victim/Witness Coordinator:

Offense: _____ Misdemeanor Felony
Defendant: _____
Cause/Case Number: _____ SID Number: _____ Date of Birth _____
County of Offense: COMAL Court Number: 22ND
Texas Youth Commission/Texas Dept. of Criminal Justice ID Number: _____ County of Conviction: COMAL

The information in this statement will be used at each phase of the criminal justice system to show the impact of this crime on you and your family. Please answer as many questions as possible. If you need more space, use additional pages. (To be filled out by victim or relative of victim.)

(1) Victim's Full Name: _____
Last First Middle

(2) Information submitted by: (If victim, check box and skip to item #3)
 Victim Close relative of victim Parent/Guardian of victim Other

If close relative or other, please give relationship to the victim: _____

Name of person submitting the statement: _____
Last First Middle

Reason for completing information: Victim is a minor Victim incapacitated Victim deceased
 Other _____

Was the victim's incapacitation or death a result of the offense? Yes No

STATEMENT OF VICTIM'S PHYSICAL INJURY

(3) Please indicate the treatment needed. Include a doctor's statement, if you wish.
 Treated at the crime scene only Treated at medical center
 Hospitalized for ___ days Still receiving treatment for injuries
 Other _____

Briefly describe any physical injuries suffered by the victim as a result of this crime: _____

If there have been medical expenses related to these physical injuries, please list them in the Estimate of Economic Loss section next to doctor/hospital bills.

(4) As a result of this crime, has the victim's ability to earn a living been affected?
 Yes No
If yes, please explain. (You may include a copy of statements from doctors or counselors.)

The Texas Government Code was amended in the 75th Texas Legislature, Regular Session. Section 7, Subsection A, Chapter 498, Government Code, is amended by adding Section 498.0042 to read as follows: FORFEITURE FOR CONTACTING VICTIMS. (A) The department shall adopt policies that prohibit an inmate in the institutional division or in a transfer facility from contacting by letter, telephone, or any other means, either directly or indirectly, a victim of the offense for which the inmate is serving a sentence, if (1) the victim was younger than 17 years of age at the time of the commission of the offense; and (2) the department has not, before the inmate makes contact: (A) received written consent to the contact from: (I) a parent of the victim, other than the inmate; (ii) a legal guardian of the victim; or (iii) the victim, if the victim is 17 years of age or older at the time of giving the consent; and (B) provided the inmate with a copy of the consent. (b) If, during the actual term of imprisonment of an inmate in the institutional division or a transfer facility, the inmate violates a policy adopted under Subsection (a), the department shall forfeit all or any part of the inmate's accrued good conduct time. The department may not restore good conduct time forfeited under this subsection.

In an effort to ensure that victim(s) are not contacted by offenders, if such is the desire of the victim(s), we are asking this question for future use and reference by Criminal Justice Officials attempting to enforce this law.

Victims' Full Name: _____
Last First Middle
DOB: _____ Age of victim at time of offense: _____

Do you want any contact with the offender either by letter, telephone or any other means, directly or indirectly?
 NO YES

Signature of victim or guardian: _____

(Please state relationship to victim) _____

PLEASE RETURN THIS FORM AND THE VICTIM INFORMATION SHEET TO:

**Sarah A. Zamora
VICTIM ASSISTANCE COORDINATOR
CRIMINAL DISTRICT ATTORNEY'S OFFICE
150 N. SEGUIN, SUITE 307
NEW BRAUNFELS, TEXAS 78130-5161
TEL.: (830) 221-1314
FAX: (830) 608-2008**