VICTIM INFORMATION SHEET

This information is important to the prosecuting attorney, the court, juvenile or adult probation, the Texas Youth Commission, the Texas Department of Criminal Justice, and the parole board to allow them to reach you when necessary. If they are unable to contact you, the case against the person or persons who committed this crime may be delayed or dismissed, or important information and restitution may not reach you.

To be completed by Victim/Witness Coordinator:

Offense: _____ Misdemeanor ☐ Felony ☐

Defendant: _____ _____
Date of Birth

Cause/Case Number: _____ SID Number: _____ Court Number: **22ND**

County of Offense: **COMAL** County of Conviction: **COMAL**

Texas Youth Commission/Texas Dept. of Criminal Justice ID Number: _____

Attention: If you have any questions about this document, please call:

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

Information submitted by:
☐ Victim ☐ Close relative of victim ☐ Parent/Guardian of victim ☐ Other

(1) Victim's Information:

a. Name: _____
Last Name First Name Middle Name

b. Address: _____
Street City State Zip

c. Home Phone: (_____) _____ d. Work Phone: (_____) _____

e. Date of Birth: _____ f. Sex: Male Female

g. Social Security Number: _____

h. Driver's License Number (optional): _____
State Number

i. Is the victim a student? Yes ☐ No ☐
If yes, name of school victim attends: _____

(2) Person submitting statement (If victim, skip to item #3):

a. Name: _____
Last First Middle

b. Address: _____
Street City State Zip

c. Home Phone: (____) _____ d. Work Phone: (____) _____

e. Relationship to the victim: _____

f. Social Security Number: _____

g. Driver's License Number (optional): _____
State Number

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

(3) Permanent contact information (a relative or other person who will always know how to reach the victim):

a. Name: _____
Last First Middle

b. Address: _____
Street City State Zip

c. Home Phone: (____) _____ d. Work Phone: (____) _____

d. Relationship to the victim: _____

(4) Do you want to be informed about relevant court proceedings and procedures in this case? ☐ Yes ☐ No

Do you want to be notified if the defendant is given a probated sentence (community supervision)? ☐ Yes ☐ No

If the defendant is given an adult prison term, do you want to be notified of the defendant's status and when parole is being considered? ☐ Yes ☐ No

Do you wish to have any contact with the defendant either in person or by writing? ☐ Yes ☐ No

_____ _____
Signature Date