

# JUVENILE VICTIM IMPACT STATEMENT

# It is your right!



This Juvenile Victim Impact Statement (JVIS) will be used throughout the criminal justice system (by the prosecutor, the judge, the Juvenile Probation Departments and the Texas Juvenile Justice Department) to better understand the emotional/psychological, physical, and financial impact of the crime.

The contact information you provide in this Juvenile Victim Impact Statement is important and will be used to contact you if you wish to receive information from:

- Juvenile Probation Departments;
- Texas Juvenile Justice Department (TJJD); and
- Board of Pardons and Paroles if the offender has a determinate sentence.

***Return the  
Confidential Victim Contact Information and the  
Juvenile 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:	Danielle Murray
Agency:	Montgomery County Attorney's Office
Address:	201 W. Davis, Suite 400
City:	Conroe, TX
Zip Code:	77301
Phone:	936-539-7688
Fax:	936-760-6920
E-mail:	Danielle.murray@mctx.org

# JUVENILE VICTIM IMPACT STATEMENT

## CRIME VICTIM INFORMATION SHEET AND JUVENILE 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 JUVENILE 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 juvenile 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 Juvenile Justice Department (TJJD) to add you to their database if you request to receive notification of changes in the offender/respondent's status if he or she is committed to a TJJD facility.
  - ***The Confidential Information Sheet cannot be seen by the offender/respondent or the defense attorney.***

You must notify your Victim Assistance Coordinator, Danielle Murray, if any of your contact information changes to make sure you are kept informed. Her number is 936-539-7828.

3. **JUVENILE VICTIM IMPACT STATEMENT:** Victims have the right to submit a Juvenile Victim Impact Statement. The Juvenile 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 JUVENILE VICTIM IMPACT STATEMENT IS USED

#### **Prosecutor:**

- Considers your Juvenile Victim Impact Statement before entering into a plea arrangement.
- Considers your Juvenile Victim Impact Statement to determine the restitution amount (if requested).

#### **Judge:**

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

#### **Defense:**

- Your Juvenile Victim Impact Statement, ***excluding the Confidential Information Sheet***, may be seen by the offender/respondent and his or her attorney.
- The defendant or his or her attorney may comment on the Juvenile Victim Impact Statement and, with approval of the court, introduce evidence or testimony in regards to its accuracy.

#### **Juvenile Probation:**

- Juvenile Probation officers have access to your Juvenile Victim Impact Statement so they can notify you if the offender/respondent is placed on juvenile probation.

#### **Texas Juvenile Justice Department (TJJD):**

- If the offender/respondent is committed to TJJD, your Juvenile Victim Impact Statement goes to the TJJD Victims' Services Division to provide you with information regarding the offender/respondent. You can register for this service by completing the "Confidential Information Sheet," which is a part of the attached Juvenile Victim Impact Statement.
- Your Juvenile Victim Impact Statement will be considered prior to the release of the offender/respondent back into the community.



**REMOVE AND KEEP FOR YOUR RECORDS**



- Sec. 57.002. VICTIM'S RIGHTS. (a) A victim, guardian of a victim, or close relative of a deceased victim is entitled to the following rights within the juvenile 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 court or person appointed by the court take the safety of the victim or the victim's family into consideration as an element in determining whether the child should be detained before the child's conduct is adjudicated;
- (3) the right, if requested, to be informed of relevant court proceedings, including appellate proceedings, and to be informed in a timely manner if those court proceedings have been canceled or rescheduled;
- (4) the right to be informed, when requested, by the court or a person appointed by the court concerning the procedures in the juvenile justice system, including general procedures relating to:
  - (A) the preliminary investigation and deferred prosecution of a case; and
  - (B) the appeal of the case;
- (5) the right to provide pertinent information to a juvenile court conducting a disposition hearing concerning the impact of the offense on the victim and the victim's family by testimony, written statement, or any other manner before the court renders its disposition;
- (6) the right to receive information regarding compensation to victims as provided by Subchapter B, Chapter 56, Code of Criminal Procedure, 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 of medical expenses under Section 56.06, Code of Criminal Procedure, 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 procedures for release under supervision or transfer of the person to the custody of the pardons and paroles division of the Texas Department of Criminal Justice for parole, to participate in the release or transfer for parole process, to be notified, if requested, of the person's release, escape, or transfer for parole proceedings concerning the person, to provide to the Texas Juvenile Justice Department for inclusion in the person's file information to be considered by the department before the release under supervision or transfer for parole of the person, and to be notified, if requested, of the person's release or transfer for parole;
- (8) the right to be provided with a waiting area, separate or secure from other witnesses, including the child alleged to have committed the conduct and relatives of the child, before testifying in any proceeding concerning the child, or, if a separate waiting area is not available, other safeguards should be taken to minimize the victim's contact with the child and the child'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 be present at all public court proceedings related to the conduct of the child as provided by Section 54.08, subject to that section; and
- (12) any other right appropriate to the victim that a victim of criminal conduct has under Article 56.02, Code of Criminal Procedure.
- (b) In notifying a victim of the release or escape of a person, the Texas Juvenile Justice Department shall use the same procedure established for the notification of the release or escape of an adult offender under Article 56.11, Code of Criminal Procedure.



**REMOVE AND KEEP FOR YOUR RECORDS**



**CONFIDENTIAL**



**JUVENILE VICTIM CONTACT INFORMATION  
CONFIDENTIAL INFORMATION SHEET**

*This Confidential Information Sheet will be used by juvenile justice professionals to contact you throughout the process. This includes notifying you about court proceedings, juvenile probation, and parole or release if the offender/respondent is sent to TJJD.*

**Important! You may choose to complete only this page for notification purposes. Please sign below.**

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

<b>TO BE COMPLETED BY THE VICTIM ASSISTANCE COORDINATOR</b>					
<b>OFFENSE:</b>			<b>OFFENSE DATE:</b>		
<b>OFFENDER/RESPONDENT(S) NAME (LAST, FIRST MI)</b>	<b>DPS State ID (SID)</b>	<b>DOB (mm/dd/yyyy)</b>	<b>Cause #</b>	<b>Court #</b>	<b>TJJD #</b>

<b>SECTIONS 1 &amp; 2 TO BE COMPLETED BY VICTIM, PARENT/GUARDIAN OR CLOSE RELATIVE</b>	
<b>SECTION 1. NOTIFICATION</b>	
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 offender/respondent is placed on juvenile probation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If the offender/respondent is sent to the Texas Juvenile Justice Department (TJJD), 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 offender/respondent is sent to TJJD, do you want the offender/respondent 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 at 936-539-7828 OR THE TEXAS JUVENILE JUSTICE DEPARTMENT VICTIM SERVICES AT 888-850-7369.**

<b>SECTION 2. CONFIDENTIAL INFORMATION (Please use black ink and print clearly)</b>		
<b>Victim's Name:</b>	Victim deceased	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Date of Birth:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Name of Person Submitting this Statement:</b>		
<b>Address:</b>	<b>Date of Birth:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
<b>Email Address:</b>	<b>Relationship to Victim:</b>	
<b>Please provide the contact information of someone not living with you who will know how to contact you.</b>		
<b>Full Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
<b>Email Address:</b>	<b>Relationship to Victim:</b>	

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**CONFIDENTIAL**

# JUVENILE VICTIM IMPACT STATEMENT

The Juvenile Victim Impact Statement (JVIS) will be used throughout the juvenile justice system to better understand the emotional/psychological, physical, and financial impact of the crime.

TO BE COMPLETED BY THE VICTIM ASSISTANCE COORDINATOR					
OFFENSE:			OFFENSE DATE:		
OFFENDER/RESPONDENT(S) NAME (LAST, FIRST MI)	DPS State ID (SID)	DOB (mm/dd/yyyy)	Cause #	Court #	TJJD #

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 juvenile justice process: from the prosecution of the offense; to placement on juvenile probation or to commitment to the Texas Juvenile Justice Department; and through the release 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 Juvenile Victim Impact Statement.

TO BE COMPLETED BY THE VICTIM, PARENT/GUARDIAN OR CLOSE RELATIVE OF THE VICTIM
<b>Victim's Name:</b>

**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"/> Changes in sleep pattern      | <input type="checkbox"/> Lack of concentration | <input type="checkbox"/> Fear of strangers   | <input type="checkbox"/> Loss of security/control |
| <input type="checkbox"/> Nightmares                    | <input type="checkbox"/> Fear of being alone   | <input type="checkbox"/> Anger               | <input type="checkbox"/> Feelings of helplessness |
| <input type="checkbox"/> Difficulty trusting others    | <input type="checkbox"/> Anxiety               | <input type="checkbox"/> Cry more easily     | <input type="checkbox"/> Fear of leaving home     |
| <input type="checkbox"/> Change in appetite            | <input type="checkbox"/> Job stress            | <input type="checkbox"/> Family not as close | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> Depression                    | <input type="checkbox"/> Want to be alone      | <input type="checkbox"/> School stress       |   |
| <input type="checkbox"/> 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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# JUVENILE VICTIM IMPACT STATEMENT

**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.

<b>Property</b>	<b>Value</b>

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

If yes, provide Insurance Carrier? \_\_\_\_\_ Amount of deductible? \_\_\_\_\_

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](http://www.texasattorneygeneral.gov) or call 1-800-983-9933.*

The information in this Juvenile Victim Impact Statement (JVIS) is true and correct to the best of my knowledge.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INFORMATION SUBMITTED BY:**  Victim  Parent/Guardian  Close Relative  Other \_\_\_\_\_



**RETURN TO YOUR  
VICTIM ASSISTANCE COORDINATOR**

