

VICTIM IMPACT STATEMENT

ACTIVITY REPORT - 1ST QUARTER / FY 2014-2015

DUE DECEMBER 15, 2014

THE FOLLOWING INFORMATION IS REQUIRED FROM ALL COUNTY AND DISTRICT ATTORNEYS THROUGHOUT THE STATE OF TEXAS. (CCP ART. 56.05)

PLEASE RETURN TO: TDCJ TEXAS CRIME VICTIM CLEARINGHOUSE, 8712 SHOAL CREEK BLVD STE 265, AUSTIN, TX 78757-6899

FAX: 512-452-0825; EMAIL: TDCJ.CLEARINGHOUSE@TDCJ.TEXAS.GOV; PHONE: 512/406-5931

SECTION 1: CONTACT INFORMATION: TO BE COMPLETED BY COUNTY AND DISTRICT ATTORNEYS (ONE COUNTY PER REPORT)

COUNTY:	PERSON SUBMITTING INFORMATION :		
ADDRESS:	CITY:	ZIP:	
PHONE:	FAX:	EMAIL:	
COUNTY ATTORNEY*			
DISTRICT ATTORNEY*			

*Please ONLY provide the attorney's name for which you are reporting as indicated by the attached instructions.

SECTION 2: VICTIM IMPACT STATEMENT (VIS) ACTIVITY	SEPT 2014	OCT 2014	NOV 2014	TOTALS
How many Victim Impact Statements did your office provide to Victims during the month?				
How many completed Victim Impact Statements did your office receive during the month?				

SECTION 3: TYPE OF OFFENSE: (ONLY OFFENSES WHERE A VIS WAS PROVIDED TO THE VICTIM(S))

	SEPT 2014	OCT 2014	NOV 2014	TOTALS
Sexual Assault				
Sexual Offenses Against a Child				
Kidnapping				
Robbery				
Trafficking of Persons				
Injury to a Child, Elderly Individual, or Disabled Person				
Homicide				
Intoxication Assault/Intoxication Manslaughter				
Assault				
Aggravated Assault				
Property Crimes				
Other				
TOTAL				

COMMENTS: