



Texas Department of Criminal Justice
Victim Services Division

TRAINING OPPORTUNITY

Victim Impact Statement: The Victim's Voice in the Criminal Justice Process

Training Date & Time: **August 27, 2014; 9:00 A.M. – 12:00 P.M.**
Location: **Permian Basin Law Enforcement Academy
4214 FM 307
Midland, TX 79706**
Hosted By: **Permian Basin Regional Planning Commission**

Seating is Limited – Register by August 13th

What You Will Gain From This Training:

- Increased knowledge of the important role the Victim Impact Statement plays at key stages of the criminal justice process;
- Increased knowledge and awareness of the statutory responsibilities of the various criminal justice entities with regards to Victim Impact Statements;
- Familiarity with the revisions to the Victim Impact Statement forms and statistical reporting requirements; and
- Ideas for developing VIS standards in your community that will help to ensure victims' voices are heard at all stages of the criminal justice process.

Who Should Attend?

- Victim assistance and criminal justice professionals with statutory responsibilities for the handling of victim impact statements including: victim assistance coordinators in district and county attorneys' offices, prosecutors, court coordinators, district clerks, judges, probation officers, law enforcement personnel, and sheriffs' department staff who are responsible for transporting/sending pen packets to TDCJ.

Training Credit for Attending:

- **3 hours of training credit (general credit)**
- **3 Participatory hours of CLE credit (Judges and Prosecutors)**
- **3 hours of TCOLE (formerly TCLEOSE) credit (Law Enforcement)**
- **3 hour of Social Work and Licensed Professional Counselor Credit**



How to Register:

Complete the attached registration form and submit by email to mary.mccaffity@tdcj.state.tx.us.
or by fax to 512-452-1025.



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Submit your completed registration form by
August 13th to:

Name: **Mary McCaffity**
Email: **mary.mccaffity@tdcj.state.tx.us**
Fax: **512-452-1025**

REGISTRATION FORM

Name: _____

Title: _____

Organization: _____

Mailing Address: _____

City: _____

Zip: _____

County: _____

Email: _____

Work Phone #: _____

Please indicate the type of Continuing Education Credit you would like to receive upon completion of this Victim Impact Statement training:

- General credit Social Work Credit TCOLE credit (Law Enforcement)
 MCLE Credit (Prosecution) Licensed Professional Counseling Credit

