



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 8, 2014; 1:00 P.M. – 4:00 P.M.**  
Location: **Bexar County Central Jury Room  
300 Dolorosa, Basement  
San Antonio, TX, 78025**  
Hosted By: **Bexar County District Attorney's Office – Victim  
Assistance Division**

***Register by July 25, 2014***

#### **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 MCLE 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 [lynn.hyde@tdcj.state.tx.us](mailto:lynn.hyde@tdcj.state.tx.us)  
or by fax to 512-452-1025.



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Assistance Division**

Submit your completed registration form by  
July 25, 2014 to -

Name: **Lynn Hyde, Program Specialist II**  
Email: **lynn.hyde@tdcj.state.tx.us**  
Fax: **512-452-1025**

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### 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

