



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: **July 18, 2014; 1:00p.m. – 4:00 p.m.**

Location: **Nueces County Courthouse
4th Floor Court Room
901 Leopard St.
Corpus Christi, TX 78401**

Hosted By: **Nueces County District Attorney's Office
Victim Assistance Division**

Seating is Limited – Register by July 4, 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 rose.trevino@tdcj.state.tx.us
or by fax to 361-878-3588.



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Please submit your completed registration
form by July 4, 2014 to the Regional Victim
Services Coordinator:

Name: Rose Trevino
Email: rose.trevino@tdcj.state.tx.us
Fax: 361-878-3588

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 | |

