

VICTIM IMPACT STATEMENT

ACTIVITY REPORT - 1ST QUARTER / FY 2016-2017

DUE DECEMBER 15, 2016

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

PLEASE RETURN TO: TEXAS DEPARTMENT OF CRIMINAL JUSTICE, VICTIM SERVICES DIVISION, 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)			
COUNTY: *	PERSON SUBMITTING INFORMATION :		
ADDRESS:	CITY:	ZIP:	
PHONE:	FAX:	EMAIL:	
COUNTY ATTORNEY**	<input type="checkbox"/> Check box when reporting for both County and District Attorney.		
DISTRICT ATTORNEY**			
*Please provide information on ONE county per report. **Please ONLY provide the attorney's name for which you are reporting as indicated by the attached instructions.			

SECTION 2A: VICTIM IMPACT STATEMENTS (VIS) PROVIDED	SEPT 2016	OCT 2016	NOV 2016	TOTALS
How many Victim Impact Statements did your office provide to victims during the month?				
SECTION 2B: TYPE OF OFFENSE (For each monthly total above, please provide a breakdown by Type of Offense. Provide ONLY offenses where a VIS was provided to the victim(s). If one VIS covering multiple offenses is provided to the victim, count the VIS in the most serious, applicable offense in Section 2B.)				
Aggravated Assault				
Assault				
Homicide				
Injury to a Child, Elderly Individual, or Disabled Person				
Intoxication Assault/Intoxication Manslaughter				
Kidnapping				
Property Crimes				
Robbery				
Sexual Offenses Against a Child				
Sexual Offenses Against an Adult				
Trafficking of Persons				
Other				
TOTAL				

SECTION 3: VICTIM IMPACT STATEMENTS (VIS) RECEIVED	SEPT 2016	OCT 2016	NOV 2016	TOTALS
How many completed Victim Impact Statements did your office receive during the month? (These totals will not coincide with the totals in Sections 2A and 2B above.)				

COMMENTS: