

VICTIM IMPACT STATEMENT

ACTIVITY REPORT - 2ND QUARTER / FY 2019

DUE MARCH 15, 2019

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 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** | 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 | DEC 2018 | JAN 2019 | FEB 2019 | 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 | DEC 2018 | JAN 2019 | FEB 2019 | 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: