VICTIM IMPACT STATEMENT

ACTIVITY REPORT - 3RD QUARTER / FY 2019

DUE JUNE 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**

DISTRICT ATTORNEY**

☐ Check box when reporting for both County and 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	**MAR 2019**	**APR 2019**	**MAY 2019**	**TOTALS**
How many Victim Impact Statements did your office provide to victims during the month?				0
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				0
Assault				0
Homicide				0
Injury to a Child, Elderly Individual, or Disabled Person				0
Intoxication Assault/Intoxication Manslaughter				0
Kidnapping				0
Property Crimes				0
Robbery				0
Sexual Offenses Against a Child				0
Sexual Offenses Against an Adult				0
Trafficking of Persons				0
Other				0
TOTAL				0

SECTION3: VICTIM IMPACT STATEMENTS (VIS) RECEIVED	**MAR 2019**	**APR 2019**	**MAY 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.)				0

COMMENTS:

Rev. 10/2018