



Texas Department of Criminal Justice
Victim Services Division

TRAINING OPPORTUNITY

Victim Impact Statement: The Victim's Voice in the Criminal Justice Process

Training Date: April 3, 2017
Training Time: 9:00 am - 12:30 pm
Location: 6800 Burleson Road bldg 310, Austin, TX 78744
Hosted By: Capital Area Council of Governments

Seating is Limited – Register Today

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 the Victim Impact Statement 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 the TDCJ.

Training Credit for Attending:

- **3 hours of training credit (general credit)**
- **3 participatory hours of CLE credit (Judges and Prosecutors)**
- **3 hours of TCOLE 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 julie.jesperson@tdcj.texas.gov



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Submit your completed registration form to
the Texas Crime Victim Clearinghouse:

Name: Julie Jespersion
Email: julie.jespersion@tdcj.texas.gov
Fax: 512 - 452 - 0825

REGISTRATION FORM

Name: _____

Title: _____

Organization: _____

Mailing Address: _____

City: _____

Zip: _____

County: _____

Work Phone #: _____

Email: _____

Please indicate the type of Continuing Education Credit you would like to receive upon completion of this Victim Impact Statement training:

- General Licensed Social Work Licensed Professional Counseling
 MCLE (Prosecution) TCOLE (Law Enforcement)
Bar # _____ PID # _____

Please indicate if you are one of the following

- Criminal Justice Professional Victims Services Professional Volunteer/Intern

