

# Victim Impact Statement (VIS) Tracking Form

**This envelope contains the original VIS.** Please sign and date this form to indicate that you received the VIS and forwarded it to the appropriate office.

Case/Cause Number	
Defendant Name	
_____ VICTIM ASSISTANCE COORDINATOR Date: _____	
_____ PROSECUTOR Date: _____	
_____ JUDGE Date: _____	
_____ DISTRICT CLERK Date: _____	
_____ PROBATION DEPT Date: _____	
_____ SHERIFF'S OFFICE: Date: _____	

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*This form is designed as a template, please revise as applicable for your county.*

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**RETURN THIS FORM TO THE VICTIM ASSISTANCE COORDINATOR AT THE PROSECUTOR'S OFFICE.**