



# VICTIM IMPACT STATEMENT

## SUPPLEMENTAL COURT ORDERED CHILD CUSTODY ORDERS

**THE SUPPLEMENTAL PAGE IS ONLY USED IF THE DEFENDANT HAS AN EXISTING COURT ORDER (FAMILY/CUSTODY/VISITATION) THAT GRANTS THE DEFENDANT POSSESSION OR ACCESS TO THE CHILD VICTIM. THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE VICTIM SERVICES DIVISION WILL USE THIS INFORMATION IF THE DEFENDANT IN THIS CASE IS INCARCERATED AS A RESULT OF THE COMMISSION OF AN OFFENSE INVOLVING THIS CHILD VICTIM TO NOTIFY THE COURT WHEN THE DEFENDANT IS RELEASED ON PAROLE/MANDATORY SUPERVISION.**

TO BE COMPLETED BY THE VICTIM ASSISTANCE COORDINATOR				
OFFENSE:			OFFENSE DATE:	
DEFENDANT(s) NAME (LAST, FIRST MI)	DPS State ID (SID)	DOB (mm/dd/yyyy)	Case/Cause #	Court #
Victim Assistance Coordinator:				
Agency:				
Address:				
City:			Zip Code:	
Work Phone:			Fax:	
E-mail:				

SECTIONS 1 & 2. TO BE COMPLETED BY THE VICTIM, PARENT/GUARDIAN OR CLOSE RELATIVE OF THE VICTIM.				
Provide information regarding the existing child custody order involving the defendant, and <u>NOT</u> the current criminal offense or conviction. <b>Please use black ink and print clearly.</b>				
<b>SECTION 1. VICTIM INFORMATION</b>				
Information submitted by:				
Relationship to Victim: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Close relative of victim <input type="checkbox"/> Other				
<b>Victim's Name:</b>				
(Last Name)	(First)	(MI)	(Date of Birth)	
Relationship of defendant to child: <input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Legal Guardian				
<b>SECTION 2. COURT INFORMATION: IT IS IMPORTANT THAT YOU COMPLETE THIS SECTION WITH AS MUCH DETAIL A POSSIBLE. PROVIDE A COPY OF THE COURT ORDER, IF AVAILABLE.</b>				
Court issuing custody order:			County:	
Court address:				
City:		State:	Zip:	
Name of judge issuing court order:			Cause #:	
Type of court order/decree issued:				
Is the custody case pending?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Name of custodial parent/guardian:				
Cell phone:			Work phone:	
Email:				

**RETURN TO  
VICTIM ASSISTANCE COORDINATOR**