

COLLIN COUNTY JUVENILE PROBATION DEPARTMENT

VICTIM INFORMATION SHEET

This information is important to the prosecuting attorney, the court, juvenile probation, the Texas Youth Commission, to allow them to reach you when necessary. If they are unable to contact you, the case against the person or persons who committed this crime may be delayed or dismissed, or important information and restitution may not reach you.

RETURN FORM TO:

Collin County Juvenile Probation Department
900 East Park Blvd., #210
Plano, TX 75074
Office: (972) 881-3055
Fax (972) 881-3120
Diane Long (972) 881-3055
Victim Assistance Coordinator

PID#/Officer _____

Offense/Date _____

Information Submitted By: Victim Close Relative of Victim Parent / Guardian of Victim Other

(1) Victim's Information:

a. Name: _____
Last Name First Name Middle

b. Address: _____
Street City State Zip

c. Home Phone: (_____) _____ d. Work Phone: (_____) _____

e. Cell Phone: (_____) _____ f. Pager: (_____) _____

g. Date of Birth: _____ h. Social Security #: _____
(Include only if applying for Crime Victims' Compensation)

(2) Person submitting statement (If victim, skip to item #3):

a. Name: _____
Last Name First Name Middle

b. Address: _____
Street City State Zip

c. Home Phone: (_____) _____ d. Work Phone: (_____) _____

e. Cell Phone: (_____) _____ f. Relationship to the victim: _____

g. Date of Birth: _____ h. Social Security #: _____

(3) Permanent contact information (a relative or other person who will always know how to reach the victim):

a. Name: _____
Last Name First Name Middle

CONFIDENTIAL

b. Address: _____
Street City State Zip

c. Home Phone: (____) _____ d. Work Phone: (____) _____

e. Relationship to the victim: _____

If the juvenile is committed to the Texas Youth Commission, do you wish to receive the following information?

No Yes Procedures for parole release including discharge or transfer to Texas Department Criminal Justice (TDCJ) parole or transfer to another placement;

No Yes Proceedings for release under supervision including release on parole status or release to the community or transfer to TDCJ for parole; and

No Yes Notification about TYC release to community supervision or transfer within TYC Supervision.

Note: If you want to be notified, it is your responsibility to inform Community Services Division of the Texas Youth Commission of any changes of address or phone number. Contact them at 1-888-850-7369 or (512) 424-6072

Signature: _____

Date: _____

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VICTIM IMPACT STATEMENT

The information in this statement will be used at each phase of the criminal justice system to show the impact of this crime on you and your family. Please answer as many questions as possible. If you need more space, use additional pages.

(To be filled out by victim or relative of victim.)

(1) Victim's Full Name: _____
Last First Middle

(2) Information submitted by: (If you are the victim, please check "victim" box and skip to item #3)

- Victim
- Close relative of victim
- Parent/Guardian of victim
- Other _____

If close relative or other, please give relationship to the victim: _____

Name of person submitting the statement: _____
Last First Middle

Reason for completing information:

- Victim is a minor
- Victim incapacitated
- Victim deceased
- Other _____

STATEMENT OF VICTIM'S PHYSICAL INJURY

(3) Please indicate the treatment needed. Include a doctor's statement, if you wish.

- Treated at the crime scene only
- Hospitalized for _____ days
- Other
- Treated at medical center
- Still receiving treatment for injuries

Briefly describe any physical injuries suffered by the victim as a result of this crime: _____

If there have been medical expenses related to these physical injuries, please list them below next to doctor / hospital bills. _____

(4) As a result of this crime, has the victim's ability to earn a living been affected? Yes No

If yes, please explain. (You may include a copy of statements from doctors or counselors.)

(8) **FOR RESTITUTION TO BE CONSIDERED BY THE COURT, PLEASE ATTACH COPIES OF RECEIPTS, BILLS, CANCELED CHECKS OR ANY OTHER WRITTEN ESTIMATES OF LOSS.**

Property Loss or Damage \$ _____

Medical Expenses \$ _____

Counseling Expenses \$ _____

Total Claim \$ _____

Insurance Reimbursement \$ _____

Insurance Deductible \$ _____

Total Personal Out-of-Pocket Loss: \$ _____

No Yes I will file a claim through my insurance company

Insurance company information

Name: _____ Phone No: _____

(9) I am not requesting restitution. _____
Claimant's Signature

(10) Have you applied for Crime Victims Compensation? Yes No Claim Number _____

If yes, amount received: _____
(Please Note: Property damage and/or theft are not eligible for reimbursement by Crime Victims' Compensation.)

I, _____, ACKNOWLEDGE THAT THE ABOVE AMOUNTS REPRESENT A TRUE AND ACCURATE ACCOUNTING OF MY LOSSES AND SHALL TESTIFY, UNDER OATH IN COURT, THAT THE SAME ARE TRUE AND CORRECT.

Claimant's Signature

Relationship to Victim

Date

PLEASE RETURN THIS FORM AND THE VICTIM INFORMATION SHEET TO:
COLLIN COUNTY JUVENILE PROBATION DEPARTMENT
900 E. PARK BLVD., SUITE 210
OR YOU MAY FAX THE INFORMATION TO (972) 881-3120

NOTE: If you want to be notified or receive information regarding court ordered restitution, it is your responsibility to inform the appropriate agency if you change your address or telephone number(s).