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

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: _____

PID#_____

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.)*

PID#_____

STATEMENT OF PSYCHOLOGICAL IMPACT

(5) A violent crime may cause emotional injuries as well as physical. The following list represents some reactions people have had after a violent crime. Please check all the reactions you have experienced and feel free to add any comments.

☐ Loss of sleep	☐ Lack of Concentration	☐ Fear of Strangers
☐ Nightmares	☐ Fear of being alone	☐ Anger
☐ No trust in anyone	☐ Anxiety	☐ Cry more easily
☐ Loss of appetite	☐ Job stress	☐ Family not as close
☐ Depression	☐ Want to be alone	☐ School stress
☐ Feelings of helplessness		

☐ Other _____

_____

_____

If there have been expenses related to counseling services, please list them in the section above.

(6) How has this crime affected you, your family and those close to you? Please feel free to discuss your feelings, thoughts and general well-being. Please do not relate the facts about the crime itself. Those facts are already available in other reports. *(Attach additional pages if necessary)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

STATEMENT OF VICTIM'S ECONOMIC LOSS

(7) As a result of this crime, has the victim or the victim's family had any financial expenses, including lost wages, property damage, doctor or hospital bills, or counseling expenses? ☐ Yes ☐ No

If yes, please describe these expenses and itemize below.

_____

_____

PID#_____

(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).