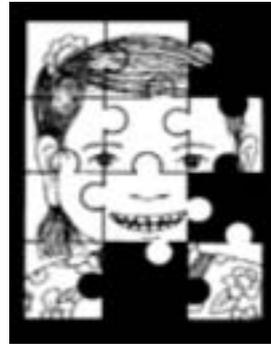




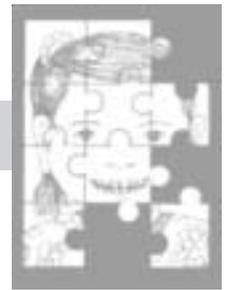
# VICTIM IMPACT STATEMENT JUST FOR KIDS



TO PARENTS: IF YOUR CHILD IS TOO YOUNG TO READ OR IS JUST LEARNING TO READ, YOU WILL WANT TO HELP YOUR CHILD FILL OUT THE VICTIM IMPACT STATEMENT. WHEN HELPING YOUR CHILD, READ THE DIRECTIONS ALOUD TO YOUR CHILD, TALK ABOUT WHAT FEELINGS ARE (HAPPY, SAD, MAD, SCARED, OR ANY OTHER FEELINGS YOU THINK ARE APPROPRIATE), AND WHAT YOUR CHILD MAY WANT TO THINK ABOUT WHEN THEY ARE DRAWING OR WRITING ON THE STATEMENT. PLEASE DO NOT TELL YOUR CHILD WHAT TO DRAW OR WRITE. THIS IS YOUR CHILD'S CHANCE TO TELL THE JUDGE HOW HE OR SHE IS FEELING ABOUT WHAT HAPPENED. IF YOUR CHILD WOULD RATHER DRAW A PICTURE OF A BIRD, A BOAT, OR WRITE A STORY ABOUT BUMBLEBEES, THIS IS OKAY AS WELL. SHOULD YOUR CHILD BECOME UNCOMFORTABLE IN ANY WAY WHILE FILLING OUT THE VICTIM IMPACT STATEMENT, REASSURE YOUR CHILD THAT HE OR SHE DOES NOT HAVE TO FILL OUT THE FORM UNLESS HE OR SHE WANTS TO.

VICTIM IMPACT STATEMENT

# JUST FOR KIDS

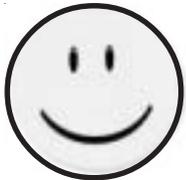


I AM THE VICTIM OF THIS CRIME \_\_\_\_\_ YES \_\_\_\_\_ NO

I AM \_\_\_\_\_ YEARS OLD

I AM IN THE \_\_\_\_\_ GRADE

I AM  
(CIRCLE AS MANY AS YOU LIKE)



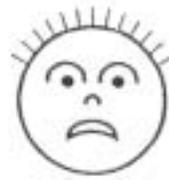
HAPPY



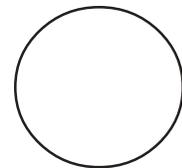
SAD



MAD



SCARED



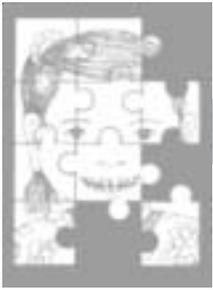
OTHER

IF YOU WERE THE JUDGE, WHAT WOULD YOU DO TO \_\_\_\_\_?  
OFFENDER'S NAME

- A. SEND TO JAIL
- B. PAY SOME MONEY
- C. GO TO A DOCTOR TO GET HELP
- D. NOTHING
- E. STAY AWAY FROM KIDS
- F. WHAT ELSE? PUT YOUR OWN IDEA HERE!!

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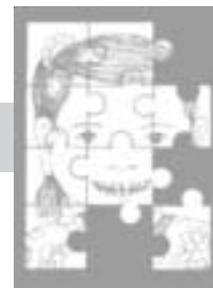
VICTIM IMPACT STATEMENT

# JUST FOR KIDS

IF YOU WANT TO, YOU CAN USE THIS PAGE TO DRAW A PICTURE, WRITE A POEM, TELL A STORY, OR ANYTHING ELSE YOU WOULD LIKE TO DO TO TELL THE JUDGE ABOUT HOW YOU ARE FEELING ABOUT WHAT HAS HAPPENED TO YOU. IF YOU DON'T WANT TO WRITE OR DRAW ANYTHING HERE, THAT'S OKAY TOO!

VICTIM IMPACT STATEMENT

# JUST FOR KIDS



PLEASE RETURN TO YOUR VICTIM WITNESS COORDINATOR

VICTIM WITNESS COORDINATOR'S NAME: \_\_\_\_\_

AGENCY'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**To be completed by Victim Witness Coordinator:**

**Offense:** \_\_\_\_\_  Misdemeanor  Felony

**Defendant/Respondent:** \_\_\_\_\_

**Last Name**                      **First Name**                      **Middle Initial**                      **Date of Birth**

**Cause/Case Number:** \_\_\_\_\_ **SID Number:** \_\_\_\_\_ **Court Number:** \_\_\_\_\_

**County of Offense:** \_\_\_\_\_ **County of Conviction/Adjudication:** \_\_\_\_\_

**TYC/Juvenile PID/ TDCJ ID Number:** \_\_\_\_\_

TDCJ-VICTIM SERVICES DIVISION  
TEXAS CRIME VICTIM CLEARINGHOUSE  
P.O. BOX 13401, CAPITOL STATION  
AUSTIN, TEXAS 78711

800-848-4284

EMAIL: TDCJ.CLEARINGHOUSE@TDCJ.STATE.TX.US

WWW.TDCJ.STATE.TX.US