

VICTIM IMPACT STATEMENT

SEMIANNUAL ACTIVITY REPORT

THE FOLLOWING INFORMATION IS REQUIRED FROM ALL COUNTY AND DISTRICT ATTORNEYS THROUGHOUT THE STATE OF TEXAS. THE INFORMATION WILL BE DUE ON A SEMIANNUAL BASIS ON **JANUARY 15, 2010 (covers 7/1/09 - 12/31/09.)** PLEASE MAIL TO: TDCJ-TEXAS CRIME VICTIM CLEARINGHOUSE, P.O.BOX 13401, CAPITOL STATION, AUSTIN, TX. 78711-3401. THE INFORMATION MAY BE FAXED TO 512-452-1025 OR EMAILED TO: tdcj.clearinghouse@tdcj.state.tx.us.

TO BE COMPLETED BY COUNTY AND DISTRICT ATTORNEYS OFFICES

COUNTY: _____
One County Per Report

PERSON SUBMITTING INFORMATION

ADDRESS: _____ CITY: _____ ZIP: _____ (Please Print) _____

NAME OF COUNTY ATTORNEY: _____ PHONE: _____ FAX: _____

NAME OF DISTRICT ATTORNEY: _____ PHONE: _____ FAX: _____

VIS ACTIVITY FOR 2009		Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	TOTALS DUE 1/15/10
1	How many Victim Impact Statements did you provide to Victims during the month?							
2	How many completed VIS's were received by your office during the month?							
3	How many victim Impact Statements were sent with pen packets to the TDCJ Institutional Division or TYC?							
4	How many Victim Impact Statements were sent to your local community supervision and corrections department?							
TYPE OF OFFENSE: (ONLY OFFENSES WHERE A VIS WAS PROVIDED TO THE VICTIM(S))								
1a	Homicide							
1b	Sexual Assault							
1c	Kidnapping							
1d	Assault							
1e	Aggravated Assault							
1f	Aggravated Robbery							
1g	Injury to a Child, Elderly or Disabled Person							
1h	Indecency with a Child							
1i	Stalking							
1j	All Other Crimes							

Comments: _____