



Victim Impact Statement

DECLARACIÓN DE IMPACTO

DE LA VICTIMA

Your voice is your right.

SUBMIT TO:

HUDSPETH COUNTY ATTORNEY'S OFFICE
109 W. Millican St. / PO Box 9 Sierra Blanca, TX 79851

Official Document for Court:

This statement provides the true impact of the crime on the victim and their family, including physical, emotional, and financial effects.

If you have questions or need assistance completing this form, please contact:

Department: Hudspeth County Attorney

Victim Assistance Coordinator: America Pinela

Mailing Address: PO Box 9 Sierra Blanca, TX 79851

Email: apinela@co.hudspeth.tx.us

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DETAILED DESCRIPTION OF HOW THE VICTIM IMPACT STATEMENT IS USED THROUGHOUT THE CRIMINAL JUSTICE PROCESS

1. **CRIME VICTIMS' RIGHTS:** You have crime victim rights if you are:
 - Victim,
 - Parent/Guardian of a minor victim, or
 - Close relative of a deceased victim.
2. **CONFIDENTIAL VICTIM CONTACT INFORMATION PAGE:**
 - *By law, the Confidential Victim Contact Information page cannot be seen by the defendant or the defense attorney.*
 - The Confidential Victim Contact Information page is used by criminal justice professionals to contact you throughout the process.
 - By completing the Confidential Victim Contact Information page, you can select and exercise your right to be notified of court proceedings, probation, parole, release, and/or discharge.
 - The Texas Department of Criminal Justice (TDCJ) can register adults who request notification from the TDCJ Victim Services Division through the Integrated Victim Services System (IVSS) regarding the status of the offender while they are incarcerated in the TDCJ Correctional Institutions Division (prison) or on parole supervision (i.e., entering the parole review process, approved or denied parole supervision, or an arrest warrant is issued).

We want to keep you informed; it is very important that you notify the following, as applicable, if any of your contact information changes:

- Victim Assistance Coordinator (see previous page for contact information) during the trial/prosecution phase;
- Community Supervision and Corrections Department (CSCD). If the defendant is sentenced to community supervision the contact information for all counties CSCDs are located here: https://www.tdcj.texas.gov/documents/CSCD_directory.pdf or
- TDCJ Victim Services Division at 1-800-848-4284 or victim.svc@tdcj.texas.gov if the defendant is convicted and sentenced to prison.

3. **VICTIM IMPACT STATEMENT FORM:** Victims have the right to submit a Victim Impact Statement. The Victim Impact Statement is a written, detailed account of the emotional/psychological, physical, and financial impact of the crime on the victim(s) and/or family members. This document can be used to explain your feelings such as loss, frustration, fear, and/or anger, as well as any physical or monetary damages due to the crime. ***Only you can provide this vital information.***

KNOW HOW YOUR VICTIM IMPACT STATEMENT IS USED

Prosecutor:

- Considers your Victim Impact Statement before entering into a plea bargain agreement.
- Considers your Victim Impact Statement to assist with determining the restitution amount to request (if applicable).

Judge:

- Considers your Victim Impact Statement before imposing a sentence; the Victim Impact Statement is not considered by a jury.
- Considers your Victim Impact Statement before a plea bargain agreement is accepted.
- Considers your Victim Impact Statement to determine the restitution amount (if applicable).

Defense:

- May request to review your Victim Impact Statement, excluding the Confidential Victim Contact Information page.
- In certain circumstances, the defense attorney, with court approval, can

introduce testimony or other information alleging a factual inaccuracy in the statement.

Community Supervision (Probation):

- Considers your Victim Impact Statement for notification purposes.
- Considers your Victim Impact Statement when preparing a Pre-Sentence Investigation (PSI) report for the judge.

Texas Department of Criminal Justice:

- Uses your Victim Impact Statement to provide notification and information regarding the defendant if they are sentenced to prison.
- Adults can register for this service by completing the Confidential Victim Contact Information page, which is a part of the attached Victim Impact Statement.
- Victims can also use the form to indicate their preference for the TDCJ to prohibit the defendant from contacting them.

Texas Board of Pardons and Paroles:

- A parole panel will consider your Victim Impact Statement prior to voting whether or not to release the offender to parole supervision.
- Considers the Victim Impact Statement when executive clemency petitions are received, including pardon requests and death penalty cases.

★★★ THIS PAGE IS FOR YOUR RECORDS ★★★

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SECTION 1: PURPOSE AND IMPORTANCE

YOUR VOICE MATTERS. This Victim Impact Statement (VIS) is your opportunity to explain in your own words how this crime has affected you.

Why is this form being sent? The information you provide is vital to ensure that the Judge, Prosecutor, and Probation other officials understand the full physical, emotional, and financial harm caused by this crime.

SECTION 2: CASE AND NOTIFICATION INFORMATION

Purpose: This confidential section ensures you receive required updates on the case and the offender's status.

SECTION TO BE COMPLETED BY VICTIM, PARENT/LEGAL GUARDIAN OR CLOSE RELATIVE

Notification/No Contact If you are an adult (18 years of age or over):

Do you want to be notified about the following:

Relevant court proceedings? Yes No

The defendant's status if the defendant is placed on community supervision (probation)? Yes No

Are you in the process of obtaining a Protective order? Yes No

Do you have a protective order Yes No
Against the defendant?

If yes, provide issuing county, protective order (po) Number, and expiration date.

Issuing County: Po No.: Date:

SECTION 2: CONFIDENTIAL VICTIM CONTACT INFORMATION

Field	Your Response
Your Name (Last, First, MI)	
Address (Street, City, State, Zip)	
Date of Birth	
Primary Phone (Home/Cell)	
Work Phone	
Email Address	
Preferred Contact Methods (check all that apply):	<input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Mail
Emergency Contact Name	
Emergency Contact Phone	
Relationship to Victim (Check one):	<input type="checkbox"/> Primary Victim / <input type="checkbox"/> Family Member / <input type="checkbox"/> Witness / <input type="checkbox"/> Other (Specify): _____

SECTION 3: PSYCHOLOGICAL AND EMOTIONAL IMPACT

Purpose: To describe the non-physical ways this crime has affected you.

Part 1: Emotional and Mental Reactions

Crimes often cause emotional and psychological injuries. Check **all** you have experienced since the crime.

Answer only as many questions as you wish.

If you need more space, attach additional page(s) to the Victim Impact Statement.

Do not include details of the crime itself. If you do, law requires this information to be turned over to the defense attorney.

Emotional State	Check All That Apply
Anger / Irritability	<input type="checkbox"/>
Anxiety / Feeling on Edge	<input type="checkbox"/>
Depression / Deep Sadness	<input type="checkbox"/>
Helplessness / Loss of Control	<input type="checkbox"/>
Grief / Crying More Easily	<input type="checkbox"/>
Other:	
Daily Life & Behavior	Check All That Apply
Sleep Loss / Nightmares	<input type="checkbox"/>
Loss of Appetite	<input type="checkbox"/>
Lack of Concentration	<input type="checkbox"/>
Isolation / Wanting to Be Alone	<input type="checkbox"/>
Job/School Stress	<input type="checkbox"/>
Lost Job / Unemployment	<input type="checkbox"/>
Other:	
Relationships & Safety	Check All That Apply
Fear of Strangers / Being Alone	<input type="checkbox"/>
Loss of Trust in Others	<input type="checkbox"/>
Strained Family Relationships	<input type="checkbox"/>
Divorce / Relationship End	<input type="checkbox"/>
Other:	

Has the victim or victim's family sought counseling as a result of the crime?

YES NO

Part 2: Narrative Impact

How has this crime affected your general well-being, your family, or those close to you? (We are interested in your thoughts and feelings.) (*Please attach extra pages if needed.*)

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SECTION 4: PHYSICAL INJURY

Purpose: To detail any physical harm and ongoing treatment.

Treatment Status	Check All That Apply
Treated at the crime scene only	<input type="checkbox"/>
Treated at a medical center/clinic	<input type="checkbox"/>
Hospitalized for _____ days	<input type="checkbox"/>
Still receiving treatment for injuries	<input type="checkbox"/>
Now unable to earn a living due to injury (Incapacitated)	<input type="checkbox"/>
Other:	

Injury Description: Briefly describe any physical injuries you suffered as a result of this crime.

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SECTION 5: ECONOMIC LOSS (RESTITUTION)

Purpose: To list your financial costs related to the crime. This information is used by the court to consider ordering the defendant to pay restitution. While not all losses are covered by Crime Victim Compensation, the Judge may order restitution from the defendant to cover those losses.

Type of Loss	Cost to Date (\$)	Expected Future Costs (\$)
Medical/Hospital Bills	\$	\$
Counseling Expenses	\$	\$
Loss of Income (Wages)	\$	\$
Property Loss or Damage	\$	\$
Funeral Expenses	\$	\$
Emergency Transportation	\$	\$
Crime Scene Cleanup	\$	\$
Moving Expenses	\$	\$
Credit/Check Fraud/Loss	\$	\$
Covered by Insurance	\$	\$
Other (Explain below)	\$	\$

Explain Other Expenses:

- **Have you applied for Crime Victim Compensation (CVC)?** Yes No
- If yes, amount received to date: \$ _____

**** Documentation: Please attach copies of receipts, bills, canceled checks, or photos, if available. ****

SECTION 6: APPLICANT SIGNATURE AND CERTIFICATION

SIGNATURE

I certify that the information in this statement is true and correct to the best of my knowledge.

- Print Name: _____
- Signature: _____
- Date: _____
- Statement Submitted by: Victim Parent/Guardian Other

SECTION 7: FORM SUBMISSION AND RETURN INSTRUCTIONS

Checklist Before Submission

Please ensure you have completed the following before returning this form:

- All of Sections 1-5 are filled out or marked "N/A" (Not Applicable)
- The form is signed and dated by the Applicant (Section 6).
- Attach copies of supporting documents (e.g., bills, reports, statements).

Return Instructions:

Please return the completed form and all supporting documentation to your Victim Assistance Coordinator, America Pinela, using one of the following methods:

Option A: Mail

Mail the complete packet to:

Victim Assistance Coordinator - America Pinela
Hudspeth County Attorney's Office
109 Millican, Sierra Blanca, TX 79851

Option B: Email

Email the completed form and attachments to:

apinela@co.hudspeth.tx.us

Option C: In-Person Drop-Off

Drop off the documents at:

Hudspeth County Attorney's Office
109 Millican, Sierra Blanca, TX 79851

Office Hours: Monday – Friday, 8:00 AM – 5:00 PM (MNT)

Location: First Floor. Turn right at the end of the main hall. Our office is located between the Treasurer's Office (to the left) and the County Courtroom (to the right).

Questions? Please call our office directly at (915) 369-2219.