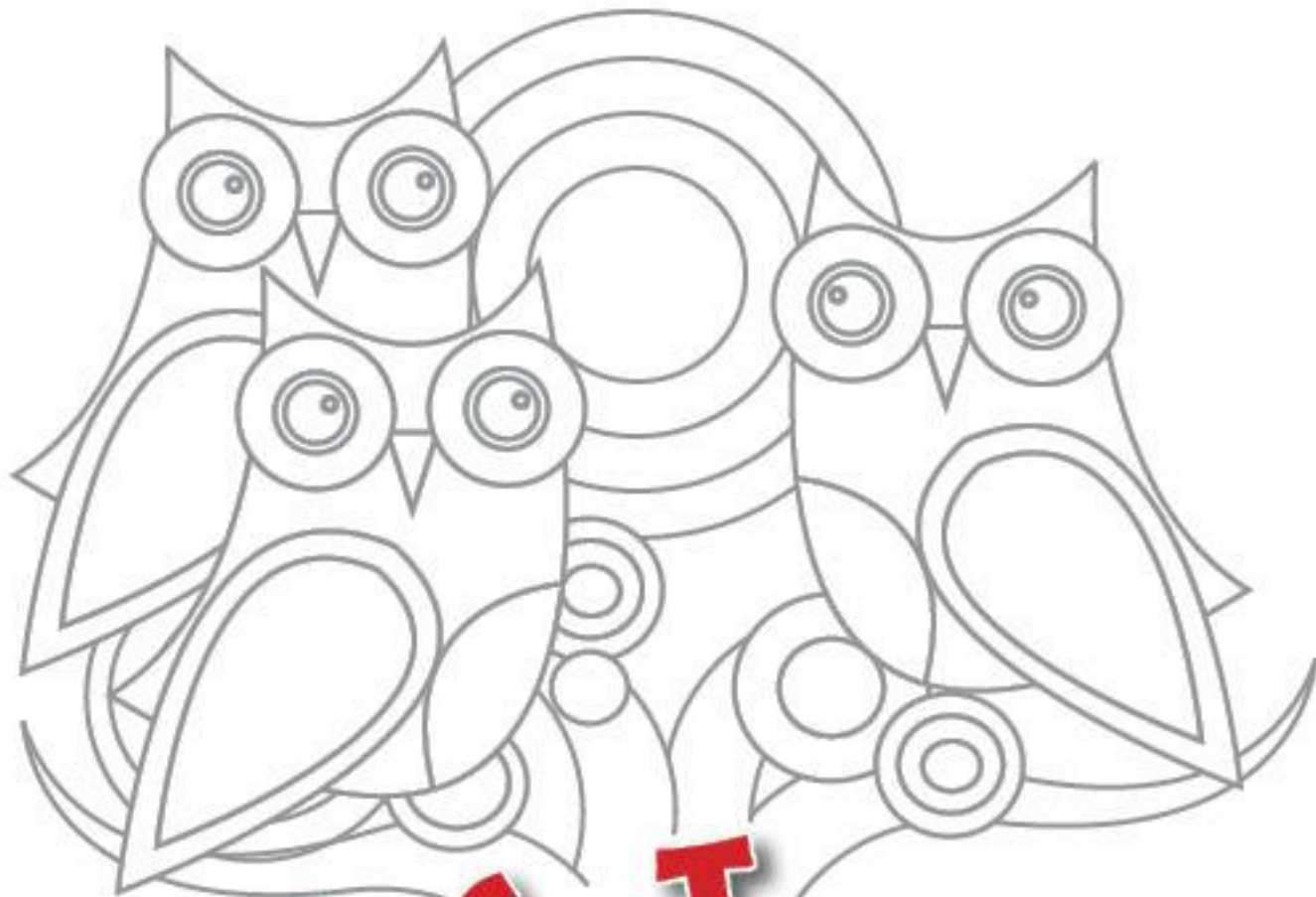


# VICTIM IMPACT STATEMENT



**J U S T**  
**F O R**

**K I D S**



If a pseudonym was assigned during the investigation, you will use that rather than list your child's name.

MY NAME/PSEUDONYM IS:

I AM  YEARS OLD, AND I AM IN THE  GRADE.

HOW DO YOU FEEL ABOUT WHAT HAPPENED TO YOU?



HAPPY



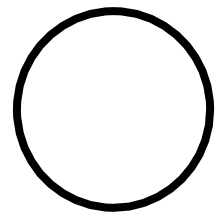
SAD



MAD



SCARED



OTHER

(CIRCLE AS MANY AS YOU LIKE.)

If your child is too young to read or is just learning to read, you may want to help them fill out the Victim Impact Statement. When helping them, read the directions aloud. Talk about what feelings are – happy, sad, mad, scared, or any other feelings you think may apply. You can discuss 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 their chance to explain how they are feeling about what happened. For example, if your child would rather draw a picture of a bird, a boat, or write a story about bumblebees, this is OK, too. If they become uncomfortable in any way while filling out the Victim Impact Statement, reassure them that they do not have to fill out the form unless they want to.



# CONFIDENTIAL

## VICTIM IMPACT STATEMENT JUST FOR KIDS



PLEASE RETURN THIS TO YOUR VICTIM ASSISTANCE COORDINATOR

### TO BE COMPLETED BY THE VICTIM ASSISTANCE COORDINATOR

Victim Assistance Coordinator:					
Agency:					
Mailing Address:					
City:		ZIP:			
Work Phone:		Fax:			
Email:		Date Received:			
Defendant(s) Name (Last, First MI)		Case/Cause No.	TDCJ/SID No.		
<b>Parent/Guardian Name:</b>		<b>Relationship:</b>			
Mailing Address:					
City:		State:		ZIP:	
Phone:					
Email Address:					

CONFIDENTIAL