

# VICTIM IMPACT STATEMENT



**J U S T**  
**F**  **R**  
**K I D S**



**TO PARENTS:** If your child is too young to read or is just learning to read, you may want to help her/him fill out the Victim Impact Statement. When helping her/him, 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 s/he is drawing or writing on the statement. Please do not tell your child what to draw or write. This is her/his chance to explain how s/he is 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 s/he becomes uncomfortable in any way while filling out the Victim Impact Statement, reassure her/him that s/he does not have to fill out the form unless s/he wants to.

## VICTIM IMPACT STATEMENT **JUST FOR KIDS**



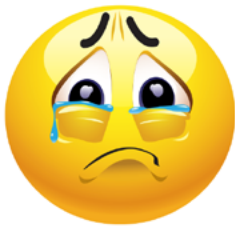
MY NAME IS: \_\_\_\_\_

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

HOW DO YOU FEEL ABOUT WHAT HAPPENED TO YOU?



HAPPY



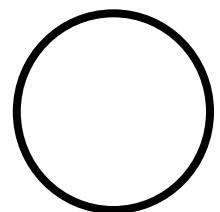
SAD



MAD



SCARED



OTHER

(CIRCLE AS MANY AS YOU LIKE.)



# 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:

Address:

City:

ZIP:

Work Phone:

Fax:

Email:

Date Received:

Defendant(s) Name (Last, First MI)

Case/Cause No.

TDCJ/SID No.

Parent/Guardian Name:

Address:

City:

State:

ZIP:

Phone:

Email Address: