





VICTIM IMPACT STATEMENT SUPPLEMENTAL COURT ORDERED CHILD CUSTODY ORDERS

OFFENSE INFORMATION. TO BE COMPLETED BY THE VICTIM ASSISTANCE COORDINATOR.

OFFENSE:				OFFENSE DATE:	
	LAST NAME	FIRST NAME	MI	CAUSE/CASE #	COURT #
Defendant					
TDCJ #:		DPS STATE ID (SID) #:		COUNTY:	
Victim Assistance Coordinator:					
Agency:					
Address:					
City:			Zip Code:		
Phone:			Fax:		
E-mail:					


FILL OUT THIS PAGE ONLY IF THE DEFENDANT HAS A COURT ORDER THAT GRANTS HIM OR HER POSSESSION OR ACCESS TO THE MINOR CHILD VICTIM. NOTIFICATION TO THE APPROPRIATE COURT WILL BE MADE PRIOR TO THE DEFENDANT'S/RESPONDENT'S RELEASE.


This information will be used by the Texas Department of Criminal Justice-Victim Services Division if the defendant/respondent in this case is incarcerated on this offense involving this child victim.

SECTIONS 1 & 2. To be completed by the victim, parent/guardian or close relative of the victim.
Provide information regarding the existing child custody order involving the defendant, and NOT the current criminal offense or conviction.

Section 1. VICTIM INFORMATION.

Information submitted by: ☐ Parent/Guardian ☐ Close relative of victim ☐ Other

Victim's Name:

(If applicable, alias) (Last Name) (First Name) (MI)

Date of Birth:

Relationship of defendant to child: ☐ Biological Parent ☐ Adoptive Parent ☐ Legal Guardian

Section 2. COURT INFORMATION.

Court issuing Custody Order: County:

Court Address:

City: State: Zip:

Name of Judge Issuing the court order: Cause #:

Type of court order/decreed issued:

Name of custodial parent/guardian: Phone #: