

# STATE OF TENNESSEE BOARD OF PAROLE DIVISION OF VICTIM SERVICES



## VICTIM IMPACT STATEMENT AND REQUEST FOR NOTIFICATION

#### **Complete This Form For Parole Hearing Purposes**

- Information you give below can help the Board better understand how this offense has affected you or your immediate family members.
- This <u>information</u> will remain <u>confidential</u>.
- Only Board Members and staff will review it.
- Attach more sheets if necessary. Please mail this to the Board at the address given at the end of this statement.
- The **Board**, at its discretion, may investigate all victim impact statements submitted.
- Please **do not mail** this form **prior** to the offender's conviction.

#### I. Victim or Family Member and Offender Information

Please **fill** out **completely**. If any information is not known, please leave blank.

Victim or Family Member Information			Offender Information	
Select One Mr.	☐ Mrs. ☐ Ms.	Miss		
Your Mailing Address			Sex Race	DOB
City Area Code	State Your Telephone	Zip Number	Offense(s)	
\\/a alc			Conviction Date	
Cell E-mail Address			Case Number(s)	
Victim's Name Individual[s] that crime		_	County of Offense  Co-defendant Name(s)	TOMIS Number(s)
was committed against:				
Your Relation to Victim	(Examples: Self, Parent,	Spouse, Child)		
II. Notice of Board Actions				
Please notify me of the following: (CHECK ALL THAT APPLY)				
☐ Parole Board Hearing ☐ Parole Board's Final Decision ☐ Release on Parole Supervision				

### III. Victim or Family Member Impact Statement (Please attach additional sheets if more space is needed.) Release on Parole Why? Yes No Do you believe this offender should be released on parole supervision? Please briefly explain why. Yes Do you have any special requests if this offender is granted parole? No Victim or Family Member Personal Reaction Write your feelings on how this crime is affecting you personally, as well as those around you, since the conviction. Victim or Family Member Physical and Mental Injuries If yes, give details and Yes No Are you still receiving any medical treatment or counseling since the conviction? tell how long it will last. • Report any changes in name/address/telephone number immediately, in order to receive notification. • Send changes to the address given at the bottom of this page. • Make a copy of this form for **YOUR** records. This statement must be signed by the person completing this form and affirmed as true to the best of this person's knowledge. Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_ Position Date Agency (Fill out this line only if Agency staff completed this written statement on behalf of and by interviewing the victim or victim's family) Send Completed Form To: **Tennessee Board of Parole**

Send Completed Form To:
Tennessee Board of Parole
c/o Victim Services Division
500 James Robertson Parkway, 4th Floor
Nashville, Tennessee 37243-0850

Inquiries: 1-866-795-7467