



**III. Victim or Family Member Impact Statement**

(Please attach additional sheets if more space is needed.)

**Release on Parole**

Do you believe this offender should be released on parole supervision? Yes No Why?

Do you have any special requests if this offender is granted parole? Yes No Please briefly explain why.

**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.

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**Victim or Family Member Physical and Mental Injuries**

Are you still receiving any medical treatment or counseling since the conviction? Yes No If yes, give details and tell how long it will last.

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- 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 \_\_\_\_\_

Agency \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

(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
c/o Victim Services Division
500 James Robertson Parkway, 4th Floor
Nashville, Tennessee 37243-0850
Inquiries: 1-866-795-7467