



STATE OF TENNESSEE
BOARD OF PAROLE
VICTIM SERVICES DIVISION



500 James Robertson Parkway, 4th Floor
Nashville, TN 37243-0850

CONFIDENTIAL

Victim Impact Video Statement Discontinuation Form

*Persons who have previously recorded a Victim Impact Video Statement and now wish it to be discontinued should complete the information below. **BY LAW, CONTACT INFORMATION FOR REGISTERED VICTIMS OF CRIME, FAMILY MEMBERS, AND INTERESTED MEMBERS OF THE PUBLIC WILL BE HELD CONFIDENTIAL.***

I, _____, request that my Victim Impact Video Statement
Name

regarding _____, TOMIS #: _____, no
Name of offender **if unknown, see below*

longer be considered for future hearings by the Tennessee Board of Parole.

** If you do not know the offender's TOMIS #, please provide SSN, DOB, and sex of the offender.*

Offender's SSN: _____ DOB: _____ ☐ Male ☐ Female

If I decide I want my Video Statement to be used in the future, or if I want to record a new one, I understand I will have to contact the Board of Parole Victim Services Division.

Going forward, please document my position to be: ☐ Against Parole
☐ For Parole
☐ Indifferent to Parole Decision

Signature

Date

Submit completed form and a copy of your picture ID to the address above or by email to BdVictim.Impact@tn.gov. Requests without a valid picture ID will not be put into effect.

Inquiries: 866-795-7467