



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 information will remain confidential.
- 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**

Select One  Mr.  Mrs.  Ms.  Miss

Your Name \_\_\_\_\_

Your Mailing Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Area Code \_\_\_\_\_ Your Telephone Number \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

Victim's Name \_\_\_\_\_

Individual[s] that crime was committed against: \_\_\_\_\_

Your Relation to Victim \_\_\_\_\_  
(Examples: Self, Parent, Spouse, Child)

**Offender Information**

Offender's Name \_\_\_\_\_

TOMIS Number (if known) \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ DOB \_\_\_\_\_

Social Security Number \_\_\_\_\_

Offense(s) \_\_\_\_\_

Offense Date \_\_\_\_\_

Conviction Date \_\_\_\_\_

Case Number(s) \_\_\_\_\_

County of Offense \_\_\_\_\_

Co-defendant Name(s) \_\_\_\_\_ TOMIS Number(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

**FOR OFFICIAL USE ONLY**

SELECT ONE  RED  SV  PP  Tentative  Future Action TOMIS Date \_\_\_\_\_

Future Date \_\_\_\_\_ Offender Location \_\_\_\_\_

Date VIS Mailed/Given \_\_\_\_\_ YOUR INITIALS \_\_\_\_\_ YOUR LOCATION \_\_\_\_\_

REASON MAILED/GIVEN  New Conviction  Phone Call  Offense Report  Letter Received  Other \_\_\_\_\_

COMMENTS \_\_\_\_\_

**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? \_\_\_\_\_ Why?

Do you have any special requests if this offender is granted parole? \_\_\_\_\_ 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.

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

Are you still receiving any medical treatment or counseling since the conviction? \_\_\_\_\_ If yes, give details and 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 \_\_\_\_\_  
Agency \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

(Fill out this section 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  
404 James Robertson Parkway  
Suite 1300  
Nashville, Tennessee 37243-0850  
Inquiries: 1-866-795-7467