



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

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.

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.

- 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