



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
400 James Robertson Parkway
Suite 1300
Nashville, Tennessee 37243-0850
Inquiries: 1-866-795-7467