



Texas Department of Criminal Justice
Victim Services Division

TRAINING OPPORTUNITY

Victim Impact Statement: The Victim's Voice in the Criminal Justice Process

Training Date & Time: **August 20, 2014; 9:00 A.M. – 12:00 P.M.**
Location: **Rio Grande Valley Border Security
Technological Training Center
900 S. Bridge St.
Hidalgo, TX 78557**
Hosted By: **RGV Empowerment Zone
Victims of Crime-Prevention & Restoration Program**
Seating is Limited – Register by August 6TH

What You Will Gain From This Training:

- Increased knowledge of the important role the Victim Impact Statement plays at key stages of the criminal justice process;
- Increased knowledge and awareness of the statutory responsibilities of the various criminal justice entities with regards to Victim Impact Statements;
- Familiarity with the revisions to the Victim Impact Statement forms and statistical reporting requirements; and
- Ideas for developing VIS standards in your community that will help to ensure victims' voices are heard at all stages of the criminal justice process.

Who Should Attend?

- Victim assistance and criminal justice professionals with statutory responsibilities for the handling of victim impact statements including: victim assistance coordinators in district and county attorneys' offices, prosecutors, court coordinators, district clerks, judges, probation officers, law enforcement personnel, and sheriffs' department staff who are responsible for transporting/sending pen packets to TDCJ.

Training Credit for Attending:

- **3 hours of training credit (general credit)**
- **3 Participatory hours of CLE credit (Judges and Prosecutors)**
- **3 hours of TCOLE (formerly TCLEOSE) credit (Law Enforcement)**
- **3 hour of Social Work and Licensed Professional Counselor Credit**



How to Register:

Complete the attached registration form and submit by email to rose.trevino@tdcj.state.tx.us
or by fax to 361-878-3588.



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Submit your completed registration by
August 6, 2014 to-

Name: Rose Trevino
Email: rose.trevino@tdcj.state.tx.us
Fax: 361-878-3588

REGISTRATION FORM

Name: _____

Title: _____

Organization: _____

Mailing Address: _____

City: _____

Zip: _____

County: _____

Email: _____

Work Phone #: _____

Please indicate the type of Continuing Education Credit you would like to receive upon completion of this Victim Impact Statement training:

- | | | |
|--|--|---|
| <input type="checkbox"/> General credit | <input type="checkbox"/> Social Work Credit | <input type="checkbox"/> TCOLE credit (Law Enforcement) |
| <input type="checkbox"/> MCLE Credit (Prosecution) | <input type="checkbox"/> Licensed Professional Counseling Credit | |

