



**VICTIM IMPACT STATEMENT SUPPLEMENTAL
COURT ORDERED CHILD CUSTODY ORDERS**

OFFENSE INFORMATION. TO BE COMPLETED BY THE VICTIM ASSISTANCE COORDINATOR.

OFFENSE:				OFFENSE DATE:	
	LAST NAME	FIRST NAME	MI	CAUSE/CASE #	COURT #
Defendant					
TDCJ #:	DPS STATE ID (SID) #:			COUNTY:	
Victim Assistance Coordinator:	Callie C. Paxton				
Agency:	Cooke County Attorney				
Address:	101 S. Dixon St.				
City:	Gainesville	Zip Code:	76240		
Phone:	940-668-5459	Fax:	940-668-5444		
E-mail:	callie.paxton@co.cooke.tx.us				

➡
FILL OUT THIS PAGE ONLY IF THE DEFENDANT HAS A COURT ORDER THAT GRANTS HIM OR HER POSSESSION OR ACCESS TO THE MINOR CHILD VICTIM. NOTIFICATION TO THE APPROPRIATE COURT WILL BE MADE PRIOR TO THE DEFENDANT'S/RESPONDENT'S RELEASE.
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This information will be used by the Texas Department of Criminal Justice-Victim Services Division if the defendant/respondent in this case is incarcerated on this offense involving this child victim.

SECTIONS 1 & 2. To be completed by the victim, parent/guardian or close relative of the victim. Provide information regarding the existing child custody order involving the defendant, and NOT the current criminal offense or conviction.

Section 1. VICTIM INFORMATION.

Information submitted by: Parent/Guardian Close relative of victim Other

Victim's Name:

(If applicable, alias) _____ (Last Name) _____ (First Name) _____ (MI)

Date of Birth: _____

Relationship of defendant to child: Biological Parent Adoptive Parent Legal Guardian

Section 2. COURT INFORMATION.

Court issuing Custody Order: _____ County: _____

Court Address: _____

City: _____ State: _____ Zip: _____

Name of Judge Issuing the court order: _____ Cause #: _____

Type of court order/decreed issued: _____

Name of custodial parent/guardian: _____ Phone #: _____