

KENTUCKY PAROLE BOARD VICTIM IMPACT STATEMENT

(Please do NOT use pencil)

Inmate(s): _____ DOC# _____

County of Conviction: _____ Indictment Number: _____

Name of victim: _____

Submitted By: _____ Relationship to Victim: _____

(If Victim, please enter "Self")

Address: _____

(If your address changes at any time, it is your responsibility to notify our office directly)

Phone: (H) _ (____) _____ (W) _ (____) _____

Cell Phone: _ (____) _____ E mail address: _____

1. Do you wish to meet with the Parole Board for a Victim's Hearing? Yes No

(The inmate will not be present at this hearing. This hearing will be held in our office in Frankfort.)

If Yes, please indicate if you wish to have an OPEN ___ or CLOSED ___ Victim Hearing.

NOTE: All victim hearings are open to the public by statute (KRS 439.340 (8)). You may, however, request a *closed* hearing which means the hearing will remain confidential. Please indicate your preference. Please note that if this is not specifically stated "closed" the hearing will remain OPEN.

2. Do you wish to be notified of the outcome of the Parole Hearing? Yes No

Please return the completed victim impact statement IMMEDIATELY. If you need further information we may be reached at :

**Address: Kentucky Parole Board
Attn: Victim Services
PO Box 2400
Frankfort, KY 40602-2400**

**Phone: Toll Free: 1-800-221-5991 Fax: 502-696-1967
OR 502-564-3620**

E Mail: PBVictimServices@ky.gov

