

**HERKIMER COUNTY STOP-DWI**  
**Victim Impact Panel (V.I.P.) Program**  
*320 North Main Street, Suite 3500 Herkimer, New York 13350*  
*Phone: 315-867-1198 – Fax: 315-867-1297*  
*Email: [stopdwi@herkimercounty.org](mailto:stopdwi@herkimercounty.org)*

**Herkimer County, NY**  
**Victim Impact Panel Program**

**Affirmation Form:**

I certify that I personally have watched the videos, read the stories in the booklet, and answered the questions to the best of my ability OR, out of necessity, had the questions read to me and/or written out for me with the assistance of a third party.

I affirm this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_\_, that the foregoing statement is true, and I understand that this document may be filed in an action or proceeding in a court of law, and that a false statement would be considered felony perjury, punishable by a Fine and/or imprisonment.

**Defendant's Name Signed:** \_\_\_\_\_

**Defendant's Name Printed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Third Party Assistance:**

**Third Party Assistance contact information:**

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ ( ) \_\_\_\_\_

**Third Party Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_