

HERKIMER COUNTY STOP-DWI
Victim Impact Panel (V.I.P.) Program
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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:** _____