

DWI Victim Impact Panel

Defendant's Name: _____ Date of Birth: _____

Street Address: _____

Town/City: _____ State: _____ Zip: _____

Phone: _____

Name of Court you were sentenced from: _____

Name of Judge: _____

If you were sentenced from a court outside of Saratoga County or would like additional verification to be sent to someone, such as an attorney or probation officer, please complete the following with the information necessary to address a verification letter. List a fax or email if that method of correspondence is preferred.

Judge (or Attorney) Name: _____

Court: _____

Street Address: _____ Fax/email: _____

Town/City: _____ State: _____ Zip: _____

The panel you have been order to attend is being held at:

____ Cornell Cooperative Extension (Bldg. 5)
50 West High St.
Ballston Spa, NY 12020

____ Clifton Park Town Court
5 Municipal Plaza (Rt. 146 West)
Clifton Park, NY 12065

On Tuesday: _____ at 7:00pm

➡ The panel starts at 7:00pm and usually last for 1 ½ - 2 hours. NO ONE will be admitted after the panel starts. You may bring a guest with you, who will be seated if space permits. Anyone suspected of having alcohol in his or her system at the time will be denied admission. There will be NO REFUNDS.

Defendant's signature: _____ Date: _____

➡ The defendant should keep a copy for their records

➡ To pre-register, send a copy of this form with a money order made payable to:
Saratoga County Treasurer for \$25.00

Mail it to:

Saratoga County Youth Bureau
152 West High St.
Ballston Spa, NY 12020

Any questions, please call Rebecca at 884-4180 between 9 am - 5 pm.