DWI VICTIM IMPACT PANEL

DEFENDANT'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

NAME OF COURT WHERE SENTENCED: _____ 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: _____

FAX OR EMAIL: _____

YOU HAVE BEEN ORDERED TO ATTEND THE VICTIM IMPACT PANEL ON TUESDAY,

_____, 20 ____, AT 6:00 PM AT THE:

PAUL E. LENT PUBLIC SAFETY BUILDING
6012 COUNTY FARM ROAD
BALLSTON SPA, NY 12020

TO PRE-REGISTER, SEND A COPY OF THIS FORM WITH A MONEY ORDER IN THE AMOUNT OF $50.00 MADE PAYABLE TO THE SARATOGA COUNTY TREASURER TO:

SARATOGA COUNTY SHERIFF'S OFFICE
6012 COUNTY FARM ROAD
BALLSTON SPA, NY 12020
ATTN: MS. PUTERKO

- **PREFERENCE WILL BE GIVEN TO PRE-REGISTERED ATTENDEES**
- **WALK-INS WILL BE ACCEPTED UNTIL CAPACITY IS MET ON FIRST COME, FIRST SERVED BASIS**
- **GUESTS MAY ATTEND AT NO COST, SPACE PERMITTING, AT THE SHERIFF'S DISCRETION**
- **A MONEY ORDER IS THE ONLY FORM OF PAYMENT ACCEPTED**
- **NO ONE WILL BE ADMITTED AFTER 6:00 PM**
- **THE PANEL LASTS APPROXIMATELY 2 HOURS**
- **ANYONE CONSUMING ANY AMOUNT OF ALCOHOL WILL BE REFUSED ENTRY**
- **ANYONE UNDER THE INFLUENCE OF A DRUG INCLUDING MARIJUANA WILL BE REFUSED ENTRY**
- **YOU MAY BE SUBJECT TO AN ALCOHOL OR DRUG TEST PRIOR TO ENTRY**
- **ADDITIONAL INFORMATION MAY BE LOCATED AT:**
  https://www.saratogacountyny.gov/departments/saratoga-county-stop-dwi-program/