

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: mledwards@herkimercounty.org

Herkimer County, NY
Victim Impact Panel Application Form:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Probation/Parole Officer and mailing address (if applicable): _____

Court where convicted: _____ Name of Judge: _____

Court Mailing Address: _____

Return the Application Form to:

Michael Edwards
VIP Program
Herkimer County STOP-DWI
320 North Main Street, Suite 3500
Herkimer, New York 13350

Email:
mledwards@herkimercounty.org

Return Payment to:

Herkimer County Treasurer
109 Mary Street, Suite 2419
Herkimer, New York 13350

Payment by Certified Check or Money Order ONLY Course Fee: \$50.00

Make Payable to:
Herkimer County Treasurer (VIP)

***** DO NOT MAIL CASH *****

FOR OFFICE USE

Notification form received from: (Court) _____ (Judge) _____

Date application received: _____ Start Date of Program: _____

Money Order or Check Received: Yes / No Check or Money Order Amount and Number : \$ _____ # _____

Date Answers Returned: _____ VIP Case # _____

Signed Affirmation Form received: Yes / No VIP Review: Pass / Fail Probation Notified: Yes / No

If successful completion a letter mailed: Yes / No If unsuccessful or incomplete a notification mailed: Yes / No

Court Notification Mailed: Yes / No District Attorney Notification Mailed: Yes / No Date Case Closed: _____