

**HERKIMER COUNTY STOP-DWI PROGRAM**

320 North Main Street, Suite 3500 Herkimer, New York 13350

Email: [mledwards@herkimercounty.org](mailto:mledwards@herkimercounty.org)

Phone: 315-867-1198

**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](mailto: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**

**Make Payable to:**

**Herkimer County Treasurer (VIP)**

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

**FOR OFFICE USE**

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/certificate 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: \_\_\_\_\_