

GEORGIA CRIME VICTIM IMPACT STATEMENT

**** To be completed by a victim or for a victim by a family member or attorney ****

Defendant's Name: _____ Crimes: _____

Sentencing Date: _____ Date of Crimes: _____

Case Number: _____ County of Crime: _____

Information you give below may help the Prosecutor and Judge to better understand how this crime has affected you and your family. If the Prosecutor gives this Statement to the Judge before sentencing, it will also be made available to the Defense Attorney and the Probation Officer.

Victim's Name: _____ Date of Birth: _____

Person other than victim completing statement: _____

Relation to Victim (family or attorney): _____

Reason victim did not complete form: _____

Mailing address of Statement Writer: _____

1. Please tell about the crime that was committed against you (or family member).

2. Were you physically injured because of this crime? ____ If yes, tell the kind of injury and the extent of the injury. Tell us how serious and how long the injury lasted or will last.

3. Was medical treatment needed for your physical injury? ____ If yes, tell about the treatment, tell how long the treatment was or will be needed.

4. Were you or your family psychologically (emotionally) injured because of this crime? ____ If yes, tell how this injury has affected you or your family. (Psychological injury may include change of attitude or feelings, fear, change in lifestyle, emotional problems, etc.)

9. Have you had any expense or economic loss because of this crime? _____ If yes, use the columns below to list them. For court use and restitution purposes, please attach copies of bills and receipts.

Kind of Expense	Amount of Expense At This Time	Amount Paid By Insurance At This Time
<u>Medical/Hospital Treatment, Counseling, Victim or Family, Funeral/Burial, Other</u>	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Kind of Loss	Value of Loss At This Time	Amount Paid By Insurance At This Time
<u>Property Stolen, Damaged, or Destroyed :</u> (Place "R" after recovered stolen item and do not list value in center column.)	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Number of Lost Work Days:</u>	<u>Lost Wages/Income:</u>	
_____	\$ _____	\$ _____

<u>Any Other Kind of Loss:</u>	\$ _____	\$ _____
_____	_____	_____

Expected Future Kind of Expense	Estimated Future Amount of Expense	Estimated Future Amount to be Paid by Insurance
_____	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____

Note : This Impact Statement is not a claim for State Crime Victim Compensation, for which application can be made on a form from the Governor's Criminal Justice Coordinating Council, phone (404) 559-4949.	Total of Present and Estimated Future Expenses and Losses =	Total of Present and Estimated Future Amounts from Insurance =
	\$ _____	\$ _____

10. Tell about any other change in your personal welfare or other problem you or your family have experienced because of this crime.

This Statement is signed and affirmed as true under the penalties of perjury.

Signature _____ Date _____