

GEORGIA CRIME VICTIM IMPACT STATEMENT

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

Defendant's Name: _____

Sentencing Date: _____

Date of Crime: _____

Case Number: _____

County of Crime: _____

Information you give below may help the Prosecutor, Judge and Parole Board 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 Parole Board. If the defendant enters a state prison, you can mail this statement to the Parole Board's Victims' Advocacy Office at the following address : 2 Martin Luther King, Jr. Drive, S.E., Atlanta, Georgia 30334. Your Impact Statement will become a permanent and strictly confidential part of the Parole Boards' case file on the inmate. By completing the Impact Statement you will automatically receive early notification of any parole decision before it is ever made final. This will allow you the opportunity to voice your opinion about the possible parole of an inmate. For more information please call the Parole Board's Victims' Advocacy Toll-Free Hotline at 1-800-593-9474. It is your responsibility to notify the Parole Board of any mailing address changes _____

Victim's Name: _____

DOB: _____

Person other than victim completing statement: _____

Relation to Victim: _____

Reason victim did not complete form: _____

Mailing address of Statement Writer: _____

1. Please explain how this crime has affected you (or family member). You may use additional pages if needed.

8. Please share any additional views you feel the Prosecutor, Judge and the Parole Board should be made aware of.

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

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

Kind of Loss

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

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

<u>Any Other Kind of Loss:</u>	\$ _____	\$ _____
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Expected Future Kind of Expense	Estimated Future Amount of Expense	Estimated Future Amount to be Paid by Insurance
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Note : This Impact Statement is <u>not</u> a claim for State Crime Victim Compensation, for which application can be made on a form from the Governor's Criminal Justice Coordinating Council.	Total of Present and Estimated Future Expenses and Losses = \$	Total of Present and Estimated Future Amounts from Insurance = \$
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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 false swearing.

Signature _____

Date _____