



THE OFFICE OF
DISTRICT ATTORNEY
NORTHERN JUDICIAL CIRCUIT
D. PARKS WHITE
ELBERT, FRANKLIN, HART, MADISON, OGLETHORPE
COUNTIES

P.O. BOX 843 DANIELSVILLE, GA
30633

706-795-6322

Kristie Cross, Director
Victim Services
Northern Judicial Circuit

The Victim/Witness Assistance Program is in place to provide crime victims with information about their rights in relation to the judicial process. Advocates provide a variety of services and support for crime victims. The Program is made possible through a Victims of Crime Act Grant. In accordance with the terms and conditions of the grant, the Advocates offer crime victims the opportunity to provide insight into their experience with the Program in accordance with the criteria set forth by the Criminal Justice Coordinating Council.

Directions:

Mark the best answer for each statement as it pertains to the case. Please return the completed form. If you have any questions, please call Kristie Cross at 706-795-6322.

Please Note: If you suffered from property or financial loss choose N/A on questions 7 & 8.

“As a result of the services I received from the Victim Advocate Program.....”

1. I felt supported by the victim advocate.
 Strongly Agree Agree Neutral Disagree Strongly Disagree
2. I now have a better understanding of my role in the court process.
 Strongly Agree Agree Neutral Disagree Strongly Disagree
3. Being able to provide input in the court process made me feel included.
 Strongly Agree Agree Neutral Disagree Strongly Disagree
4. I now have a better understanding of my rights as a victim of crime.
 Strongly Agree Agree Neutral Disagree Strongly Disagree

5. I was notified of important information about my case.
 Strongly Agree Agree Neutral Disagree Strongly Disagree

6. I had an opportunity to provide input before decisions were made in my case.
 Strongly Agree Agree Neutral Disagree Strongly Disagree

7. I received information about Georgia's Crime Victim Compensation Program.
 Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

8. I was provided with assistance to complete a victim's compensation application.
 Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

9. I was assisted in obtaining restitution from the offender for the financial losses I suffered because of the crime.
 Strongly Agree Agree Neutral Disagree Strongly Disagree

Please feel free to make any other comments about our services; what we are doing well and how we can improve (attach an additional page if needed): Please use this area for comments relating directly to the services of the victim advocate, not the outcome of the case. For questions, concerns or comments about the outcome of the case please contact the office directly.

Name (or anonymous):

Case #

Thank you very much for your feedback. This information is incredibly valuable to us as we strive to meet the needs of our community. Please return the form to:

**Victim Services
P.O. Box 452
Danielsville, Georgia 30633**

Or submit by clicking here:

For Internal Use Only:

Date Mailed: _____

Date Received: _____

Quarterly Report
Date: _____

Entered Into Data
Base: _____