

District Attorney's Office, Northern Judicial Circuit

VICTIM IMPACT RESTITUTION FORM

CASE INFORMATION

Victim Name	Defendant(s) Name(s)	Case Number and/or Charge(s)

PLEASE NOTE: When ordered by the court, restitution is paid by the defendant(s).

In order that your loss may be adequately presented to the court, please complete this form and return to the Victim Witness Assistance office within 10 days. Be as specific as possible when listing the damages you suffered and/or the items you lost. You must enclose copies of bills, receipts, estimates, employer statement verifying missed work days, and any other documents that will assist the court. Attach additional sheets, if necessary. If additional help is needed, or if you have not received information on the Georgia Crime Victims Compensation Program, please contact your victim assistant.

I. EXPENSE TYPE: PERSONAL

<u>Column A</u> List personal expense items	<u>Column B</u> Dollar amount at this time	<u>Column C</u> If eligible, amount requested from GA Crime Victims Compensation	<u>Column D</u> Amount requested from other insurance
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

II. EXPENSE TYPE: WORK RELATED

<u>Column A</u> Number of days out of work	<u>Column B</u> Total lost wages/income	<u>Column C</u> If eligible, amount requested from GA Crime Victims Compensation	<u>Column D</u> Amount requested from other insurance
	\$	\$	\$
	\$	\$	\$

III. EXPENSE TYPE: PROPERTY

<u>Column A</u> List Property	<u>Column B</u> Value of loss at this time	<u>Column C</u> If eligible, amount requested from GA Crime Victims Compensation	<u>Column D</u> Amount requested from other insurance
	\$	\$	\$
	\$	\$	\$

IV. EXPENSE TYPE: OTHER

<u>Column A</u>	<u>Column B</u>	<u>Column C</u>	<u>Column D</u>
	\$	\$	\$
	\$	\$	\$

V. TOTAL REQUEST FOR RESTITUTION

1. Total expenses at this time (add all dollar amounts listed in Column B): \$ _____
2. Total requested from Victims Compensation (add dollar amounts listed in Column C): \$ _____
3. Total requested from other insurance (add dollar amounts listed in Column D): \$ _____

Signature and Date

PLEASE NOTE: SOME CASES ARE RESOLVED VERY QUICKLY. THEREFORE, FAILURE TO RETURN THIS FORM WITH THE NECESSARY DOCUMENTATION WITHIN 10 DAYS MAY RESULT IN LOSS OF DUE RESTITUTION.

* This form is intended for use in an official court proceeding. Providing false information herein is a felony punishable by up to 5 years in prison and a fine of up to \$1,000.00, per O.C.G.A. § 16-10-20.

* Immediately notify the Victim Witness Assistance Office of additional bills/expenses received after this form is submitted!