

**GEORGIA
VICTIM IMPACT STATEMENT**

(To be completed by a victim or for a victim by a family member or attorney)

-Return it to District Attorney's Office-

Defendant's Name _____ Crime _____

Sentencing Date (if known) _____ Date Crime Occurred _____

Case Number (if known) _____ County _____

Information you give below may help the Prosecutor, Judge and Parole Board better understand how this crime as affected you and your family. Attach more sheets if necessary. If the Prosecutor gives this Statement to the Judge before sentencing, it will also be given to the Defense Attorney and made available to the Parole Board. If this Statement is not given to the Judge and if the Defendant enters the state prison system, you may mail it to the Parole Board at the following address: 2 Martin Luther King, Jr., Drive, S.E. Atlanta, Georgia 30334. You Impact Statement will become a permanent and strictly confidential part of the Parole Board's case file in this inmate. For more information, you may call the Parole Board's Victims' Advocacy Toll-Free Hotline at 1-800-593-9474. If this case involves a prison sentence, it will be your responsibility, after the case is disposed of, to keep the Parole Board informed of any changes in your mailing address.

Victim's Name _____ Date of Birth _____

Telephone Number _____

Person other than Victim completing Statement (if applicable) _____

Relation to Victim (family member or attorney) _____

Reason Victim did not complete Statement _____

Mailing Address of Statement Writer _____

1. Briefly tell about the crime that was committed against you (or your 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 how serious it was. Tell 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 in attitude or feelings, fear, change in lifestyle, emotional problems, etc.)

5. Have you or your family received counseling or therapy because of this crime? _____ If yes, tell how long you or your family have received or will receive counseling or therapy.

6. Has this crime affected your ability to earn a living? _____ If yes, tell how. Mention any days lost from work.

7. Has this crime in any way affected your family relationships? _____ If yes, explain.

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

9. What sentence do you feel is appropriate for the Defendant to receive in this case?

(Continued on Next Page...)

10. Have you had any expense economic loss because of this crime? _____ If yes, use the columns below to list them. For Court use, 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

Property Stolen, Damaged or Destroyed:
(Place "R" after stolen items that were recovered and do not list value)

_____	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____

Number of Lost Work Days:

_____	\$ _____	\$ _____
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Any other Kind of Loss:

_____	\$ _____	\$ _____
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Expected Future Expenses:

_____	\$ _____	\$ _____
_____	_____	_____

NOTE: This Impact Statement is not a claim for State Crime Victim Compensation for which application can be made of an form from the Governor's Criminal Justice Coordinating Council, phone (404) 657-2222 or toll free at 1-800-547-0060.

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

This Victim Impact Statement is signed and affirmed as true under penalties or perjury.

Signature _____

Date _____