

VICTIM CONTACT INFORMATION

***Please complete the following forms and return to the District Attorney's Office ***

Name: _____ **Date:** _____

Defendant: _____ **Case Number:** _____

Date of Incident: _____

Current Address:

Address:

Phone #

Alternate Phone # _____

List 3 relatives or friends and their phone

1) _____	_____	Name	Address
_____	_____	Phone #	Phone #
2) _____	_____	Name	Address
_____	_____	Phone #	Phone #
3) _____	_____	Name	Address
_____	_____	Phone #	Phone #

Has anyone witnessed previous incidents between you and the Defendant? Yes / No

Please list any witnesses:

1) Name _____	Phone # _____	Age _____
2) Name _____	Phone # _____	Age _____
3) Name _____	Phone # _____	Age _____
4) Name _____	Phone # _____	Age _____
5) Name _____	Phone # _____	Age _____

Do you speak English? Yes / No If not, language spoken: _____

GEORGIA CRIME VICTIM IMPACT STATEMENT

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

1. What is your relationship to the defendant? _____ Length of relationship: _____
2. Prior to the incident did you live with the defendant? _____ If yes, is the defendant back in the residence? _____
3. Is there a TPO against the defendant? _____
4. Is there a history of violence? _____ If yes, tell the kind of injury, the extent of the injury, how long it has been happening, and how many times it has occurred. _____

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

6. Was there property damage because of this crime? _____ If yes, please describe type of property and extent of damage. _____

7. Was medical treatment needed for your injury? _____ If yes, tell the treatment, where you were treated, when you were treated, and how long the treatment was or will be needed. _____

8. Was the defendant under the influence of drugs/alcohol during the incident? _____ If yes, tell the kind of drug/alcohol and how often the defendant uses drugs/alcohol. _____

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

10. Would you like any of the below to be part of the sentence if the defendant is found guilty or pleads guilty? Please circle all that apply: No Contact, No Violent Contact, Mental Health Evaluation, Domestic Violence Intervention Counseling, Alcohol and Drug Evaluation, Jail, Probation, Other:

11. 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 receipts and copies of bills. We are unable to seek restitution for lost wages.

<u>KIND OF EXPENSE</u>	<u>AMOUNT OF EXPENSE</u>	<u>AMOUNT PAID BY INSURANCE</u>
Medical/Hospital Treatment, Counseling, Victim or Family, Funeral/Burial, Other:	\$ _____ _____	\$ _____ _____
<u>KIND OF LOSS</u>	<u>VALUE OF LOSS</u>	<u>AMOUNT PAID BY INSURANCE</u>
Property Stolen, Damaged or Destroyed (Place <input type="checkbox"/> gR <input type="checkbox"/> h after <u>recovered</u> stolen items and do not list value in center column.)	\$ _____ _____	\$ _____ _____

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 404-657-2222.

Total of Present and Estimated Future Expenses and Losses = \$ _____	Total of Present and Estimated Future Amounts from Insurance = \$ _____
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This Statement is signed and affirmed as true under the penalties of perjury.

Signature _____ Date _____

Request for Notification

Please check or initial the applicable boxes below:

PRIOR TO DISPOSITION OF CASE - I wish to be notified of the following:

- Any scheduled court proceedings involving the accused and notice of any changes to that schedule;
- Plea notifications; and
- Sentence.

POST-CONVICTION - I wish to be notified of the following:

- If the accused is convicted, any appeal or motion for new trial and the result of any appeal or motion for new trial;
- If the accused is convicted, time and place of any appellate court proceedings relating to an appeal or motion for new trial and any changes to the time and place of such a proceeding;
- If the accused is convicted and then granted a new trial or if the case is returned to the trial court for any further proceedings, the time and place of any such proceedings, including any changes to the time and place of any such proceedings;
- Any sentence modifications; and
- Any probation revocation hearings that occur as a result of violations to his sentence if convicted.

OPT OUT:

- I do not wish to be notified of any proceedings. By failing to fill out this notification, I am also opting out of my right to be notified of any proceeding.

You may mail or bring this form to the Barrow County District Attorney's Office, 652 Barrow Park Dr., Suite A, Winder, GA 30680 (Barrow County Courthouse). Please note that if your address / telephone number changes prior to the disposition of the case you must update that information with the District Attorney's Office in order to continue to receive notifications. If your address / telephone number changes post-conviction, then you must update that information with the Department of Community Supervision, 678-963-7020.

Signature of Victim

Date

Under O.C.G.A 17-17-8.1, as the victim of a crime you have the right to refuse or agree to be interviewed by the accused in this case, the accused's attorney, or anyone who represents or contacts you on behalf of the accused.

If you agree to be interviewed, you may set conditions for the interview such as the time, date, and location of the interview, who may be present (including a representative of the District Attorney's office), any security arrangements for the interview, and whether or not the interview may be recorded. You also have the right to terminate the interview at any time or to refuse to answer any question during the interview.

If you have any questions regarding these rights, you may contact the District Attorney's office at 770-307-3040.

If you choose to exercise your right to have no contact, directly or indirectly, with the accused's attorney or anyone else associated with the accused, please fill out the form below and return to the Victim/Witness Assistance Office as soon as possible.

I DO NOT WISH TO BE CONTACTED BY THE ACCUSED, THE ACCUSED'S ATTORNEY OR STAFF, OR ANYONE REPRESENTING THE ACCUSED IN THE ABOVE NAMED CASE.

ACCUSED(S): _____ CASE# _____

VICTIM
NAME: _____

VICTIM
SIGNATURE: _____ DATE: _____

Under O.C.G.A 17-17-10, as the victim of a crime you have the right to have your contact information kept confidential from the defendant. If you would like the court to order that your contact information not be provided to the defendant, please fill out the form below.

I WOULD LIKE MY CONTACT INFORMATION KEPT CONFIDENTIAL FROM THE DEFENDANT.

ACCUSED(S): _____ CASE# _____

VICTIM
NAME: _____

VICTIM
SIGNATURE: _____ DATE: _____