

Crime Victim Impact Statement

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

Defendant's Name:

Case Number:

Date of Crime:

County of Crime:

Crime:

The information provided may help the Prosecutor and Judge better understand how this crime has affected you and your family. Please note that this form may be made available to the Attorney for the Accused (Defendant) for review. If you request your address and/or phone number to be kept confidential, please note that on this form and your information will be kept confidential to the extent the law allows.

Victim Name: _____

Person other than victim completing statement: _____

Relation to Victim (family, friend, attorney, etc): _____

Reason Victim did not complete form: _____

Mailing Address of Statement Writer: _____

Contact Numbers(s): _____

1. Please explain how this crime has affected you (or family member). _____

2. Were you physically injured by this crime? No ___ Yes ___.
If yes, explain the injury and detail the extent of its effect. Also, how serious and how long did/will the injury last.

3. What medical treatment was/is needed for your physical injury? _____ How long did/will the treatment last.

4. Please explain any emotional affects you may have experienced because of this crime? How has this affected you and/or your family. (may include change of attitude or feelings, fear, change in lifestyle, emotional problems, etc.)

5. If you or your family received or requested counseling or therapy because of this crime explain who needed it and for how long.

6. If this crime has affected your ability to earn a living, explain how and include the number of days lost from work.

7. If this crime affected your family relationships in any way please explain.

8. Please share any additional information you want taken into consideration by the Prosecutor and/or the Judge.

9. Explain any other changes in your personal welfare or other problems you or your family have experienced because of this crime:

PLEASE REFER TO THE VICTIM IMPACT RESTITUTION FORM TO DETAIL ANY FINANCIAL LOSSES ASSOCIATED WITH THIS CRIME.

This Statement is signed and affirmed as true under the penalties of perjury.

Signature: _____

Date _____

Print Name: _____

NOTE: upon disposition of the case, if the Defendant is sentenced to time to serve in the state prison system, you may request that this office provide a copy of this form to the Georgia Corrections and Parole Board Office of Victim Services for their review.

PLEASE MAIL THIS COMPLETED FORM TO:

Please attach additional pages as necessary should you need more space in answering any question above.