CRIME VICTIM IMPACT RESTITUTION FORM (VIRF)

CASE INFORMATION: *(This section completed by Victim Witness Assistance Office)*

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 14 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 our office at (706) - 2 9 1 - 5 2 1 0.

I. EXPENSE TYPE: PERSONAL

Column A List personal expense items	Column B Dollar amount at this time	Column C If eligible, have you filed a claim with the GA Crime Victims Compensation Program	Column D Amount requested other insurance/other sources
	$	YES or NO (choose one)	$
	$		$
	$		$
	$		$

II. EXPENSE TYPE: WORK-RELATED

Column A Number of days out of work	Column B Total lost wages/income	Column C If eligible, have you filed a claim with the GA Crime Victims Compensation Program	Column D Amount requested other insurance/other sources
	$	YES or NO (choose one)	$
	$		$

III. EXPENSE TYPE: PROPERTY

Column A List property	Column B Value of loss at this time	Column C If eligible, have you filed a claim with the GA Crime Victims Compensation Program	Column D Amount requested other insurance/other sources
	$	N/A	$
	$		$

IV. EXPENSE TYPE: OTHER

Column A	Column B	Column C	Column D
	$	$	$
	$	$	$

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): $_____

PLEASE NOTE: SOME CASES ARE RESOLVED VERY QUICKLY. THEREFORE, FAILURE TO RETURN THIS FORM WITH THE NECESSARY DOCUMENTATION WITHIN 14 DAYS MAY RESULT IN LOSS OF DUE RESTITUTION.

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

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I verify that to the best of my knowledge all the information provided by me on this form is true and correct.

Requestor Name (Print) _____

Requestor Signature _____Date _____ /_____ /_____

*If completed by someone other than the victim, please indicate your relationship to the victim:

_____

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INSTRUCTIONS: Please use the following guidelines when completing the VIRF on the reverse side

I. EXPENSE TYPE: PERSONAL

(Column A) – The list of possible items may include, but is not limited to the following type of expenses: Counseling (victim, spouse and dependants), medical/hospital (bills, replace/repair cost for glasses, dentures, wheelchair, prosthetics, hearing aid, etc.), funeral/burial costs (including headstone), rehab/occupational therapy, travel (mileage, cab fare, parking fees, etc.), child care, etc.

(Column B) – Total dollar amount spent at this time for the item listed

(Column C) – If eligible, please indicate if you have filed a claim with the Georgia Crime Victims Compensation Program

(Column D) – Amount you requested from third party/other insurance, such as personal medical insurance, short and long-term disability insurance, family members/friends on your behalf, etc.

II. EXPENSE TYPE: WORK-RELATED

(Column A) – Include the number of days missed from both full and part-time work due to this crime. This may include, but is not limited to: work missed due to court hearings, meetings with Victim Witness Assistance Office, District Attorney/Solicitor, medical/counseling appointments, etc.

(Column B) – Total lost wages based on income

(Column C) – If eligible, please indicate if you have filed a claim with the Georgia Crime Victims Compensation Program

(Column D) – Amount you requested from third party/other insurance, such as personal medical insurance, short and long-term disability insurance, family members/friends on your behalf, etc.

III. EXPENSE TYPE: PROPERTY

(Column A) – List any stolen, damaged or destroyed items (e.g. crime scene repairs and clean-up, etc.)

(Column B) – Total estimated value of loss at this time for property replacement, repair or recovery

(Column C) – Not eligible

(Column D) – Amount you requested from third party/other insurance, such as personal medical insurance, short and long-term disability insurance, family members/friends on your behalf, etc.

IV. EXPENSE TYPE: OTHER

List any other loss that may be applicable, which is not included elsewhere on this form, such as insurance deductibles, insurance co-pays, etc.

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