GEORGIA CRIME VICTIM IMPACT STATEMENT

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

Defendant's Name:	Crime:
Sentencing Date:	Date of Crime:
Case Number:	County of Crime:
this crime has affected you and your family. If the sentencing, it will also be made available to the Defenters a state prison, you can mail this statement following address: 2 Martin Luther King, Jr. Statement will become a permanent and strictly compared. By completing the Impact Statement you parole decision before it is ever made final. This about the possible parole of an inmate. For more	eutor, Judge, and Parole Board better understand how he Prosecutor gives this Statement to the Judge before efense Attorney and the Parole Board. If the Defendant to the Parole Board's Victims' Advocacy Office at the Drive, S.E., Atlanta, Georgia 30334. Your Impact confidential part of the Parole Board's case file on the ou will automatically receive early notification of any s will allow you the opportunity to voice your opinion re information please call the Parole Board's Victims tis your responsibility to notify the Parole Board of any
Victim's Name:	Date of Birth:
Reason victim did not complete form: Mailing address of Statement Writer:	ainst you (or family member).
	

				If yes, tell the kind of injury and the extent
the injury. Tell how serious and how long the injury lasted or will last				
Was medical tro	eatment neede reatment was	ed for your phy or will be need	sical injury? ed	If yes, tell about the treatment. Tell
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how this injury	has affected	you or your far	mily. (Psycholog	red because of this crime? If yes, te gical injury may include change of attitude or
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Have you or your family received or requested counseling or therapy because of this crime? If you tell how long you or your family will receive counseling or therapy.
Has this crime affected your ability to earn a living? If yes, tell how. How many days were ost from work?
Has this crime in any way affected your family relationships? If yes, explain
Please share any additional views you feel the Prosecutor, Judge and the Parole Board should be made aware of.

Kind of Expense	Amount of Expense At This Time	Amount Paid By Insurance At This Time
Family, Funeral/Burial, Other:	<u>\$</u>	 -
Kind of Loss perty Stolen, Damaged or Destroyed: ace "R" after recovered stolen items and do t list value in center column.)	Value of Loss At This Time	Amount Paid By Insurance At This Time
Number of Lost Work Days:	Lost Wages/Income:	<u> </u>
Any Other Kind Of Loss:	\$	
Expected Future Kind of Expenses	Estimated Future Amount of Expense	Estimated Future Amount to be Paid by Insurance
ote: This Impact Statement is not a claim for cate Crime Victim Compensation, for which appl in be made on a form from the Governor's Criminstice Coordinating Council, phone (404) 559-49	inal Expenses and Losses	Total of Present and Estimated Future Amounts from Insurance = \$
O. Tell about any other change in your personal crime:		
This Statement is signed and affirm	med as true under the penalties of	f perjury.
Signature		Date