

# GEORGIA CRIME VICTIM IMPACT STATEMENT

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

This information will assist the Office of the District Attorney in assessing your eligibility for compensation as well as for services that may be relevant to your situation. This document may also be used at sentencing to assist the Court with understanding the impact the specified offender and crime have had on your life. Please complete this form and email it to [info@dublinda.org](mailto:info@dublinda.org) as soon possible so that we can evaluate your case swiftly and efficiently. If you do not wish for this statement to be shared with the court or the attorney of the offender, we will honor that wish and speak with you again before sentencing about any statement you wish to give.

Victim Name

Offender's Name

Phone Number

County of Crime

Email Address

Date of Crime

LEO Contact

Crime Charged

Person other than victim completing form:

Relation to Victim (family or attorney):

Reason victim did not complete form:

Please check the box if you DO NOT WANT the DA's Office to share this form with the defense or the Court without further discussion.

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

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

*If you were physically injured as a result of the crime, you may be eligible for financial assistance from the Georgia Crime Victims Compensation Program. Speak with the victim advocate about this.*

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

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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.

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***If you were physically injured as a result of the crime, you may be eligible for financial assistance from the Georgia Crime Victims Compensation Program. Speak with the victim advocate about this.***

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.)

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5. Have you or your family received or requested counseling or therapy for this crime? \_\_\_\_\_  
If yes, tell how long you or your family have received or will receive counseling or therapy.

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6. Has this crime affected your ability to earn a living? \_\_\_\_\_ If yes, how many days were lost from work?

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***If you were physically injured as a result of the crime, you may be eligible for financial assistance from the Georgia Crime Victims Compensation Program. Speak with the victim advocate about this.***

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

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

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9. Have you had any expense or economic loss because of this crime? \_\_\_\_\_ If yes, please explain and complete the VICTIM IMPACT RESTITUTION FORM to detail the losses associated with the crime.

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This Statement is signed and affirmed as true.

Signature \_\_\_\_\_

Date \_\_\_\_\_