

**Office of the District Attorney
Clayton Judicial Circuit
VICTIM IMPACT RESTITUTION FORM**

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

<u>Victim Name</u>	<u>Defendant(s) Name(s)</u>	<u>Case Number and/or Charge(s)</u>

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 30 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 770-477-3450.

I. EXPENSE TYPE: PERSONAL

<u>Column A</u> List personal expense Items	<u>Column B</u> Dollar amount at this time	<u>Column C</u> If eligible, amount requested from GA Crime Victims Compensation	<u>Column D</u> Amount requested from other insurance
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

II. EXPENSE TYPE: WORK RELATED

<u>Column A</u> Number of days out of work	<u>Column B</u> Total lost Wages/Income	<u>Column C</u> If eligible, amount requested from GA Crime Victims Compensation	<u>Column D</u> Amount requested from other insurance
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

III. EXPENSE TYPE: PROPERTY

<u>Column A</u> List Property	<u>Column B</u> Value of loss at this time	<u>Column C</u> If eligible, amount requested from GA Crime Victims Compensation	<u>Column D</u> Amount requested from other insurance
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

IV. EXPENSE TYPE: OTHER

<u>Column A</u>	<u>Column B</u>	<u>Column C</u>	<u>Column D</u>
	\$	\$	\$

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 ____ DAYS MAY RESULT IN LOSS OF DUE RESTITUTION.

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

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 our relationship to the victim: _____

VICTIM IMPACT RESTITUTION FORM (VIRF)

Instructions for Completing the Form

I. EXPENSE TYPE: PERSONAL

- (Column A) - The list of possible items may include, but is not limited to, the following types of expenses: Counseling (victim, spouse & dependents), 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 items listed.
- (Column C) - If eligible, amount you requested from the Georgia Crime Victim's 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, meeting with Victim Witness Assistance Office, District Attorney/Solicitor Office, medical/counseling appointments, etc..
- (Column B) - Total lost wages based on income.
- (Column C) - If eligible, amount you requested from the Georgia Crime Victim's 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).
- (Column B) - Total estimated value of loss at this time for property replacement, repair, or recovery.
- (Column C) - If eligible, amount you requested for crime scene clean-up from the Georgia Victim's Compensation Program. Note: this is the only eligible type of reimbursement for property costs under the 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..

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.