\*\*\*\*ATTORNEY WORK PRODUCT\*\*\*\*

PLEASE RETURN TO PROSECUTORIALVICTIM UNIT

COBB COUNTY SOLICITOR GENERAL OFFICE

10 EAST PARK SQUARE SUITE 500

MARIETTA, GA 30090-9638

Phone: 770-528-8500

**GEORGIA VICTIM IMPACT STATEMENT**

Defendant:

Case Number:

Crime:

Date crime occurred:

Information you give below may help the Prosecutor, Judge, and Probation Office better

understand how this crime has affected you and your family. You may want to attach more

if necessary.

Victim’s Name:

Mailing Address:

Phone:

Person other than the victim, completing the statement must provide the following information.

Name Relationship to victim \_\_\_\_\_\_\_\_

Reason victim did not complete the statement: \_\_\_\_\_\_\_\_

1. Briefly tell about the crime committed against you (or your family member)

 \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Were you physically injured because of this crime? □ Yes □ No

 If yes, tell the kind of injury and the amount of injury.

 Tell how serious it was. Tell how long the injury lasted or will last.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Was medical treatment needed for your physical injury? □ Yes □ No

 If yes, tell about the treatment. Tell how long the treatment was or will be needed.

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4. Were you or your family psychologically (emotionally) injured because of this crime?

 □ Yes □ No

 If yes, tell how this injury has affected you or your family. (Psychological injury may include

 change in attitude or feelings, fear, change in lifestyle, emotional problems etc.)

5. Have you or your family received counseling or therapy because of this crime?

 □ Yes □ No

If yes, tell how long you or your family have received or will receive counseling or therapy.

6. Has this crime affected your ability to earn a living? **□** Yes □ No

 If yes, tell how. Mention any days lost from work.

7. Has this crime in any way affected your family relationship? □ Yes □ No

 If yes, explain.

8. Have you had any expense or economic loss because of this crime? □ Yes □ No

If yes, use the column below to list them. **For court use please attach copies of bill and receipts.**

Please list expenses to date: Amount paid by insurance to date

 Medical

 Property damage:

 Total personal expense: $ Total paid by insurance: $

9. Tell about any other change in your personal welfare or other problems you or your family have experienced because of this crime.

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

Signature Date

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