

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.

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.

(Note: 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)

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.)

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.

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

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

8. Please share any additional views you feel the Prosecutor and Judge should be made aware of.
(A copy of this statement will be made available to the Defense Attorney)

9. Have you had any expense or economic loss because of this crime? _____

If yes, Please refer to the VICTIM IMPACT RESTITUTION FORM to detail financial losses associated with this crime.

This Statement is signed and affirmed as true.

Signature _____

Date _____

Please Mail This Completed Form to:

*Office of the District Attorney
Blue Ridge Judicial Circuit
Attn: Victim Witness Assistance Program
90 North Street Suite 390
Canton, GA 30114*