VICTIM RESTITUTION FORM

VICTIM - WITNESS ASSITANCE PROGRAM

Today'	/'s Date:	Date of Incident:	
Victim's Name:		Defendant's Name:	
		Offense/ Charges:	
	ess:		
		Case number (if known):	
Phone	e Number:		
Neares	est Relative. Name and Address:		
PERSO	ONAL INJURY SECTION:		
1.	Did you receive any injuries as a result of the crime?	yesno. If "yes", please explain:	
2.	Did you receive medical treatment? ves no. If	f yes, which hospital ?	
3.			
4.		of-pocket expenses that were not covered by your	
	insurance?yesno. If you answered "yes" please explain what those expenses were: (include any		
	deductible from insurance):		
5.	Can you provide proof of your out- of- pocket expens	ses (receipts, medical bills, etc.)? ves no	
6. Did you fill out an application for the Georgia Crime Victim's Compensation?yesno. If			
	"yes", what is the status of your application?		
	,		
7.	What is the total amount of restitution you are reque	esting?	
	AND/ OR DAMAGE TO PROPERTY SECTION:		
200071	The state of the s		
1	Was any of your property damaged or stolen as a res	cult of the crime? yes no	
	 Did you have insurance? Yes no If you answered "yes", Please provided the amount of your deductible 		
۷.	\$	yes , rease provided the amount of your deduction.	
3.	Do you have receipts for your property? Yes no		
	Was any your property recovered?yesno.	_	
5.		rount of your loss? Yes no If you answered "yes"	
٥.	Did a bank or other financial institution cover the amount of your loss? Yes no If you answered "yes", what was the amount covered: \$ What is the name of the bank or financial		
	institution?	is the name of the bank of imanetal	
	ilistitution:	· · · · · · · · · · · · · · · · · · ·	
Dlassa	list the item(s) that were stalen and/ or damaged als	ng with the actual value of the item(s) at the time of loss	
	ne replacement cost):	ing with the actual value of the item(s) at the time of loss	
(not the	le replacement cost).		

If you need more space, please use the back side of this form to continue your list

Restitution is court ordered monetary compensation for crime victims. A legitimate order for restitution is applied during the sentencing of an offender and the amount and manner of payment is determined by the courts.

The Assistant District Attorney assigned to your case will need to review the restitution information you submit in order to process the case successfully. Therefore, failure to return this form in a timely manner or without the necessary documentation may result in loss of due restitution to you.

You can submit your restitution information by mail, fax, or in person to the Victim- Witness Office. You may also submit the information by email after first speaking to the Victim Advocate assigned to your case. Please see below for contact information for our office:

Victim- Witness Assistance Program 197 Carl Griffin Drive Savannah, GA 31405

> Phone: 912-652-6702 or 912-652-6735 Fax: 912-644-4042

IMPORTANT: Georgia Law, Title 16-10-20:

A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government or of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.

I am prepared to testify under oath that the information I have reco knowledge:	rded on this form is true to the best of my
Please sign and date.	
Signature of victim or legal guardian	Date