

Restitution Form

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.), and Child Care.

(Column B) - Total dollar amount spent at this time for the items listed.

(Column C) - If eligible, amount you requested from the Georgia Victim's Compensation Program.

(Column D) - Amount you requested from 3rd party/other insurance, such as personal medical/auto insurance, short and long-term disability insurance, family members/friends on your behalf.

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 District Attorney's Office, medical/counseling appointments, etc.

(Column B) - Total lost wages based on income.

(Column C) - If eligible, amount you requested from the Georgia Victim's Compensation Program.

(Column D) - Amount you requested from 3rd party/other insurance, such as personal medical/auto insurance, short and long-term disability insurance, family members/friends on your behalf.

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 3rd party/other insurance, such as personal medical/auto insurance, short and long-term disability insurance, family members/friends on your behalf.

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.

Should you need assistance completing this form, please contact the Rockdale County District Attorney's Office Victim Witness Assistance Program at (770) 278-7950.

Restitution Form

Defendant's Name: _____

Date of Crime: _____

Case Number: _____

Charge(s): _____

Victim's Name: _____ Person other than victim completing this statement: _____

Relation to the victim: _____ Reason victim did not complete statement: _____

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 District Attorney's Office as soon as possible. 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, please contact our office at (770)278-7975.

I. EXPENSE TYPE: PERSONAL

Column A List personal expense items	Column B Dollar amount at this time	Column C If eligible, amount requested from GA Crime Victims compensation	Column D Amount Requested from other 3 rd party (i.e., insurance)
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

II. EXPENSE TYPE: WORK-RELATED

Column A Number of days out of work	Column B Total lost wages/income	Column C If eligible, amount requested from GA Crime Victims compensation	Column D Amount Requested from other 3 rd party (i.e., insurance)
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

III. EXPENSE TYPE: PROPERTY

Column A List property	Column B Value of loss at this time	Column C Amount requested for <u>crime scene clean-up</u> from GA Crime Victims compensation	Column D Amount Requested from other 3 rd party (i.e., insurance)
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

IV. EXPENSE TYPE: OTHER

Column A List other items	Column B Value of loss at this time	Column C If eligible, amount requested from GA Crime Victims compensation	Column D Amount Requested from other 3 rd party (i.e., insurance)
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

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 all dollar amounts listed in Column C): | \$ _____ |
| 3. Total requested from other 3 rd Party such as insurance (add all dollar amounts listed in Column D): | \$ _____ |

I verify that to the best of my knowledge that all information provided on this form is true and correct.

Victim Name (Print): _____ Victim Signature: _____

Victim Address: _____

Victim Phone Number: _____ Date: ____/____/____

PLEASE NOTE: some cases are resolved very quickly. Therefore, failure to return this form with the necessary documentation within may result in loss of due restitution. Immediately notify the District Attorney's Office of additional bills/expenses received after this form is submitted. **Form adapted from the Prosecuting Attorneys' Council of Georgia Victim Impact Restitution Form (VIRF)**



The Georgia Crime Victims Bill of Rights, O.C.G.A. 17-17-1, et seq., provides individuals who are victims of certain crimes specific rights. These rights include:

- The right to reasonable, accurate, and timely notice of any scheduled court proceedings or any changes to such proceedings
- The right to reasonable, accurate, and timely notice of the arrest, release, or escape of the accused
- The right not to be excluded from any scheduled court proceedings, except as provided by law
- The right to be heard at any scheduled court proceedings involving the release, plea, or sentencing of the accused
- The right to file a written objection in any parole proceedings involving the accused
- The right to confer with the prosecuting attorney in any criminal prosecution related to the victim;
- The right to restitution as provided by law
- The right to proceedings free from unreasonable delay
- The right to be treated fairly and with dignity by all criminal justice agencies involved in the case.
- The right to file a motion in the criminal case within 20 days of a court proceeding requesting to be heard if the victim has properly requested notification and is not given notice of said court proceeding.

The Crime Victims Bill of Rights specifically applies to victims of the following crime

- Homicide
 - Assault and Battery
 - Kidnapping, False Imprisonment and related offenses
 - Reckless Conduct
 - Cruelty to Children
 - Feticide
 - Stalking/Aggravated Stalking
 - Cruelty to a Person 65 Years of Age or Older
 - All Sexual Offenses
 - Burglary
 - Arson, Bombs and Explosives
 - Theft
 - Robbery
 - Forgery, Deposit Account Fraud, Illegal Use of Financial Transaction Cards, Other Fraud Related Offenses, Computer Crimes, & Identity Theft
 - Sale or Distribution of Harmful Materials to Minors
 - Elder Abuse
 - Homicide by Vehicle
 - Feticide by Vehicle
 - Serious Injury by Vehicle
- **Additional information about the above-mentioned stages and victim rights can be obtained by contacting the *Rockdale County Victim Witness Assistance Program* at 770-278-7975 or by contacting the *Criminal Justice Coordinating Council* at 404-657-1956**
 - ***The Georgia Crime Victims Compensation Program* eases the financial burden faced by victims of violent crimes by covering expenses related to medical bills, funeral expenses, mental health counseling and crime scene sanitization, as well as loss of income or support. This assistance is administered by the *Criminal Justice Coordinating Council*, to speak with an advocate through that program, call 404-657-2222 or 1-800-547-0060**
 - **Applications and assistance with application process for the *Georgia Crime Victim Compensation Program* is also available through the *Rockdale County Victim Witness Assistance Program* by calling 770-278-7975.**
 - **Information regarding additional community-based victim service programs can be obtained by contacting the Georgia Call Line at 1-800-GEORGIA (1-800-436-7442) to connect to other available community-based victim service.**