

ALISHA A. JOHNSON
DISTRICT ATTORNEY
ROCKDALE JUDICIAL CIRCUIT



PHONE 770 278-7950
FAX 770 278-8932

CRIME VICTIM IMPACT STATEMENT

Date: _____

CASE NUMBER: _____

DEFENDANT: _____

CHARGE(S): _____

As a victim in a criminal case, I am sure you have many questions about how the case will be handled. The Victim Witness Assistance Program in the Rockdale County District Attorney's Office was created to help answer your questions and assist you with your concerns.

The following forms will help let us know your opinions regarding this case.

() **Victim Impact Statement** – The VIS gives you the opportunity to express your opinion regarding the handling of the case and to tell the prosecuting attorney of any physical, emotional and/or financial harm as a result of being the victim of a crime.

() **Restitution Report** – The Restitution Report helps detail any financial loss that has been suffered by the victim. Restitution is recommended by the District Attorney in cases where it is practical, but it is the judge who decides whether to order it. Please include copies of all estimates and/or receipts of service. Do not forget to include out-of pocket expenses such as an insurance deductible.

() **Medical Release Form** – Please fill out completely and include your signature to give our office permission to obtain records pertaining to this case.

Please return these forms as soon as possible. These forms are your direct line of communication with the prosecuting attorney. Please return this information to:

Mary Torres
Rockdale County District Attorney's Office
922 Court Street, Room 201
Conyers, GA 30012
(770) 278-7950
mary.torres@rockdalecountyga.gov

VICTIM IMPACT STATEMENT

Defendant's Name: _____

Date of Crime: _____

Case Number: _____

Charge(s): _____

Victim's Name: _____

Date of Birth: _____

Street Address: _____ Home Phone Number: _____

City, State, Zip Code: _____ Cell Phone Number: _____

Email Address: _____ Work Phone Number: _____

Person other than victim completing this statement: _____

Relation to the victim: _____

Reason victim did not complete statement: _____

Please explain how this crime has affected you (or your family member). Include all information and concerns you want taken into consideration. Please attach more sheets, if necessary.

1. _____

2. What do you suggest as a sentence in this case? _____

3. What conditions of probation would you like to see recommended by the State? _____

4. Do you favor jail / imprisonment? () Yes () No

By signing below, I am officially enacting my rights under the Crime Victim's Bill of Rights (O.C.G.A. § 17-17-01). Without this written notice, I am waiving aforementioned rights. This statement is signed and affirmed as true under penalties of perjury.

Signature: _____ Date: _____