

PUTNAM COUNTY STATE COURT VICTIM IMPACT RESTITUTION FORM

CASE INFORMATION:

Victims Name(s)	Defendant Name(s)	Reference Number and/or Charges

PLEASE NOTE: When ordered by the Court, restitution is paid by the defendant(s) through the probation office.

In order that your loss may be adequately presented to the court, please complete this form and return to the Victim Witness Assistance office as quickly 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 statements verifying missed work days, and any other documents that will assist the court. Attach additional sheets, if necessary. If additional help is needed to fill out this form, or if you have not received information on the Georgia Crime Victims Compensation Program, please contact the Putnam County Solicitor General's Office at (706) 923-2331.

Restitution Request:

EXPENSE TYPE:

DOLLAR AMOUNT AT THIS TIME:

I. Medical

\$ _____

II. Funeral

\$ _____

III. Property

\$ _____

IV. Work-Related

\$ _____

(Number of days out of work) _____

V. Homeowner and Auto Insurance

\$ _____

(Insurance Type

Total amount of deductible:

\$ _____

Amount paid to victim by insurance company:

\$ _____

EXPENSE TYPE:

DOLLAR AMOUNT AT THIS TIME:

VI. Business Fees (Returned checks,
Service Charge, Court Costs, Merchandise)

\$ _____

GRAND TOTAL OF RESTITUTION REQUEST:

\$ _____

PLEASE NOTE: YOUR RESTITUTION REQUEST MUST BE ACCOMPANYIED WITH PROPER DOCUMENTATION FOR THE COURT, SUCH AS COPIES OF BILLS, ESTIMATES, RECEIPTS, AND EMPLOYER STATEMENTS VERIFYING MISSED WORK DAYS.

SOME CASES ARE RESOLVED VERY QUICKLY. THEREFORE, FAILURE TO PROMPTLY RETURN THIS FORM WITH THE NECESSARY DOCUMENTATION MAY RESULT IN LOSS OF DUE RESTITUTION.

***IMMEDIATELY NOTIFY THE PUTNAM COUNTY SOLICITOR GENERAL'S OFFICE OF ADDITIONAL BILLS/EXPENSES RECEIVED AFTER THIS FORM IS SUBMITTED!**

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

Requestor Name (Print) _____

Requestor Signature _____

* If completed by someone other than the victim, please indicate your relationship to the victim:

Date ____/____/____