



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.

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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.

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4. Were you or your family psychologically (emotionally) injured because of this crime? \_\_\_\_ If yes, tell how this injury has affected you or your family. (Psychological injury may include change of attitude or feelings, fear, change in lifestyle, emotional problems, etc.)

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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.

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

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

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8. Please share any additional views you feel the Prosecutor and the Judge should be made aware of.

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9. Have you had any expense or economic loss because of this crime? \_\_\_\_\_ If yes, use the columns below to list them. For court use and restitution purposes, please attach copies of bills and receipts.

<b>Kind of Expense</b>	<b>Amount of Expense At This Time</b>	<b>Amount Paid By Insurance At This Time</b>
<u>Medical/Hospital Treatment, Counseling, Victim or Family, Funeral/Burial, Other</u>	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Kind of Loss</b>	<b>Value of Loss At This Time</b>	<b>Amount Paid By Insurance At This Time</b>
<u>Property Stolen, Damaged, or Destroyed :</u> (Place "R" after recovered stolen item and do not list value in center column.)	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Number of Lost Work Days:</u>	<u>Lost Wages/Income:</u>	
_____	\$ _____	\$ _____

Any Other Kind of Loss:	\$ _____	\$ _____
_____	_____	_____

<b>Expected Future Kind of Expense</b>	<b>Estimated Future Amount of Expense</b>	<b>Estimated Future Amount to be Paid by Insurance</b>
_____	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____

Note : This Impact Statement is not a claim for State Crime Victim Compensation, for which application can be made on a form from the Governor's Criminal Justice Coordinating Council, phone (404) 559-4949.	Total of Present and Estimated Future Expenses and Losses =	Total of Present and Estimated Future Amounts from Insurance =
	\$ _____	\$ _____

10. Tell about any other change in your personal welfare or other problem you or your family have experienced because of this crime.

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This Statement is signed and affirmed as true under the penalties of perjury.

Signature \_\_\_\_\_ Date \_\_\_\_\_