

CRIME VICTIM IMPACT RESTITUTION FORM (VIRF)

INSTRUCTIONS: Please use the following guidelines when completing the VIRF on the reverse side

I. EXPENSE TYPE: PERSONAL

- (Column A) – The list of possible items may include, but is not limited to the following type of expenses:
Counseling (victim, spouse and dependants), 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.), child care, etc.
- (Column B) – Total dollar amount spent at this time for the item listed
- (Column C) – If eligible, please indicate if you have filed a claim with the Georgia Crime Victims Compensation Program
- (Column D) – Amount you requested from third party/other insurance, such as personal medical insurance, short and long-term disability insurance, family members/friends on your behalf, etc.

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, meetings with Victim Witness Assistance Office, District Attorney/Solicitor, medical/counseling appointments, etc.
- (Column B) – Total lost wages based on income
- (Column C) – If eligible, please indicate if you have filed a claim with the Georgia Crime Victims Compensation Program
- (Column D) – Amount you requested from third party/other insurance, such as personal medical insurance, short and long-term disability insurance, family members/friends on your behalf, etc.

III. EXPENSE TYPE: PROPERTY

- (Column A) – List any stolen, damaged or destroyed items (e.g. crime scene repairs and clean-up, etc.)
- (Column B) – Total estimated value of loss at this time for property replacement, repair or recovery
- (Column C) – Not eligible
- (Column D) – Amount you requested from third party/other insurance, such as personal medical insurance, short and long-term disability insurance, family members/friends on your behalf, etc.

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.