

CRIME VICTIM IMPACT RESTITUTION FORM (VIRF)

CASE INFORMATION: *(This section completed by Victim Witness Assistance Office)*

Victim Name	Defendant(s) Name(s)	Case Number and/or Charge(s)

PLEASE NOTE: 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 Victim Witness Assistance office within _____ days. 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, or if you have not received information on the Georgia Crime Victims Compensation Program, please contact our office at () - _____ - _____.

I. EXPENSE TYPE: PERSONAL

Column A List personal expense items	Column B Dollar amount at this time	Column C If eligible, have you filed a claim with the GA Crime Victims Compensation Program	Column D Amount requested other insurance/other sources
	\$	YES or NO (choose one)	\$
	\$		\$
	\$		\$
	\$		\$

II. EXPENSE TYPE: WORK-RELATED

Column A Number of days out of work	Column B Total lost wages/income	Column C If eligible, have you filed a claim with the GA Crime Victims Compensation Program	Column D Amount requested other insurance/other sources
	\$	YES or NO (choose one)	\$
	\$		\$

III. EXPENSE TYPE: PROPERTY

Column A List property	Column B Value of loss at this time	Column C If eligible, have you filed a claim with the GA Crime Victims Compensation Program	Column D Amount requested other insurance/other sources
	\$	N/A	\$
	\$		\$

IV. EXPENSE TYPE: OTHER

Column A	Column B	Column C	Column D
	\$	\$	\$
	\$	\$	\$

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 dollar amounts listed in Column C): \$ _____
3. Total requested from other insurance (add dollar amounts listed in Column D): \$ _____

PLEASE NOTE: SOME CASES ARE RESOLVED VERY QUICKLY. THEREFORE, FAILURE TO RETURN THIS FORM WITH THE NECESSARY DOCUMENTATION WITHIN _____ DAYS MAY RESULT IN LOSS OF DUE RESTITUTION.

***Immediately notify the Victim Witness Assistance 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 _____ Date ____ / ____ / ____

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