

Restitution Form

Instructions for Completing the Form

I. EXPENSE TYPE: PERSONAL

- (Column A) - The list of possible items may include, but is not limited to, the following types of expenses: Counseling (victim, spouse & dependents), 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.), and Child Care.
- (Column B) - Total dollar amount spent at this time for the items listed.
- (Column C) - If eligible, amount you requested from the Georgia Victim's Compensation Program.
- (Column D) - Amount you requested from 3rd party/other insurance, such as personal medical/auto insurance, short and long-term disability insurance, family members/friends on your behalf.

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, meeting with District Attorney's Office, medical/counseling appointments, etc.
- (Column B) - Total lost wages based on income.
- (Column C) - If eligible, amount you requested from the Georgia Victim's Compensation Program.
- (Column D) - Amount you requested from 3rd party/other insurance, such as personal medical/auto insurance, short and long-term disability insurance, family members/friends on your behalf.

III. EXPENSE TYPE: PROPERTY

- (Column A) - List any stolen, damaged, or destroyed items (e.g., crime scene repairs and clean-up).
- (Column B) - Total estimated value of loss at this time for property replacement, repair, or recovery.
- (Column C) - If eligible, amount you requested for crime scene clean-up from the Georgia Victim's Compensation Program. Note: this is the only eligible type of reimbursement for property costs under the program.
- (Column D) - Amount you requested from 3rd party/other insurance, such as personal medical/auto insurance, short and long-term disability insurance, family members/friends on your behalf.

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.

Should you need assistance completing this form, please contact the District Attorney's Office Victim Witness Assistance Program in the county where the case is pending: Catoosa 706-965-9055; Chattooga 706-857-5557; Dade 706-657-7530; and Walker 706-638-2121 and ask for the Victim Advocate assigned to your case.

Restitution Form

CASE INFORMATION:

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

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 District Attorney's Office within two-weeks of receiving this letter. Be 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.

I. EXPENSE TYPE: PERSONAL

<u>Column A</u> List personal expense items	<u>Column B</u> Dollar amount at this time	<u>Column C</u> If eligible, amount requested from GA Crime Victims compensation	<u>Column D</u> Amount Requested from other 3 rd party (i.e., insurance)
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

II. EXPENSE TYPE: WORK-RELATED

<u>Column A</u> Number of days out of work	<u>Column B</u> Total lost wages/income	<u>Column C</u> If eligible, amount requested from GA Crime Victims compensation	<u>Column D</u> Amount Requested from other 3 rd party (i.e., insurance)
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

III. EXPENSE TYPE: PROPERTY

<u>Column A</u> List property	<u>Column B</u> Value of loss at this time	<u>Column C</u> Amount requested for <u>crime scene clean-up</u> from GA Crime Victims compensation	<u>Column D</u> Amount Requested from other 3 rd party (i.e., insurance)
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

IV. EXPENSE TYPE: OTHER

<u>Column A</u> List other items	<u>Column B</u> Value of loss at this time	<u>Column C</u> If eligible, amount requested from GA Crime Victims compensation	<u>Column D</u> Amount Requested from other 3 rd party (i.e., insurance)
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

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

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

Victim Name (Print): _____ Victim Signature: _____

Victim Address: _____

Victim Phone Number: _____ Date: _____ / _____ / _____

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

PLEASE NOTE: some cases are resolved very quickly. Therefore, failure to return this form with the necessary documentation within **2-weeks** may result in loss of due restitution. Immediately notify the District Attorney's Office of additional bills/expenses received after this form is submitted.