

JACKSON COUNTY STATE COURT VICTIM ASSISTANCE PROGRAM
RESTITUTION REPORT

STATE OF GEORGIA VS.

CHARGE:

VICTIM'S NAME:

VICTIM'S ADDRESS:

HOME PH #: _____ WORK PH #: _____ CELL PH #: _____

DESCRIBE THIS INCIDENT YOU AND THE DEFENDANT WERE INVOLVED IN: _____

DID INSURANCE COVER ANY OF THE EXPENSES OR ECONOMIC LOSSES YOU INCURRED AS A RESULT OF THIS INCIDENT? _____ IF YES, SPECIFY THE AMOUNT AND NATURE OF ANY REIMBURSEMENT AND EXPECTED REIMBURSEMENT. _____

DO YOU REQUEST RESTITUION? _____ IF YES WHAT AMOUNT? _____

DOCUMENTATION OF ACTUAL EXPENSES IS REQUIRED FOR RESTITUION. YOUR DOCUMENTATION **MUST** ACCOMPANY THIS FORM. PLEASE ADD ANY OTHER INFORMATION YOU WOULD LIKE THE PROSECUTOR AND/OR JUDGE TO KNOW REGARDING THE EFFECTS OF THIS ACCIDENT/INCIDENT ON YOUR LIFE.

VICTIM'S SIGNATURE AND DATE