



**Office of the Clayton County District Attorney  
Crime Victim Impact Statement**

**This form must be completed by the victim or for the victim by a family member or attorney**

**The information provided may help the Prosecutor and Judge better understand how this crime has affected you and your family. Please note that this form may be made available to the Attorney for the Accused (Defendant) for review. If you request your address and/or phone number to be kept confidential, please note that on this form and your information will be kept confidential to the extent the law allows.**

Please attach additional pages as necessary should you need more space in answering any question below.

Defendant's Name: \_\_\_\_\_

Victim's Name: \_\_\_\_\_

Victim's Address: \_\_\_\_\_

Victim's Phone Number: \_\_\_\_\_ Victim's Email: \_\_\_\_\_

Person other than Victim completing Statement: \_\_\_\_\_

Relationship to Victim (family member or attorney): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason victim did not complete Statement: \_\_\_\_\_

Address of Statement Writer: \_\_\_\_\_

Please keep my information confidential? No Yes

1. Please explain how this crime has affected you (or your family member(s))

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Were you physically injured because of this crime? No  Yes  If yes, explain the injury and detail the extent of its effect. Also, how long did/will the injury last?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What medical treatment was/is needed for your physical injury? How long did/will the treatment last?

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4. Please explain any emotional affects you may have experienced because of this crime. How has this affected you and/or your family? (May include change of attitude or feelings, fear, change in lifestyle, emotional problems, etc.)

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5. If you or your family received or requested counseling or therapy because of this crime explain who needed it and for how long.

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6. If this crime has affected your ability to earn a living, explain how and include the number of workdays lost.

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7. If this crime affected your family relationships in any way please explain.

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8. Please share any additional information you want taken into consideration by the Prosecutor and/or Judge.

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9. Explain any other changes in your personal welfare or other problems you or your family have experienced because of this crime.

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**PLEASE REFER TO THE VICTIM IMPACT RESTITUTION FORM TO DETAIL ANY FINANCIAL LOSSES ASSOCIATED WITH THIS CRIME.**

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

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

Print Name: \_\_\_\_\_

Note: Upon disposition of the case, if the Defendant is sentenced to time to serve in the state prison system, you may request that this office provide a copy of this form to the Georgia Corrections and Parole Board Office of Victim Services for their review.

**PLEASE MAIL THIS COMPLETED FORM TO:  
Clayton County District Attorney's Office  
Victim Assistance Unit  
9151 Tara Boulevard, 4th Floor  
Jonesboro, GA 30236**