GEORGIA CRIME VICTIMS COMPENSATION PROGRAM
104 Marietta Street, NW • Suite 440 • Atlanta, GA • 30303-2743
404/657-2222 • 800/547-0060 • 404/463-7652 (Fax) • 404/463-7650 (TTY)

Appeal Request

I, _____, am submitting this document as my **official Appeal Request.**

Provide a brief statement why you feel that your claim **SHOULD NOT BE DENIED**:

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Signature: _____ Date: _____/_____/_____

FOR VCP USE ONLY		
Claim Number	**Victim**	**Claimant**
Denial Reason		**Investigator**