MEMORIAL SIGN APPLICATION

GEORGIA CRIME VICTIMS COMPENSATION DIVISION
104 MARIETTA STREET, SUITE 440, ATLANTA, GEORGIA 30303-2743
OFFICE: (404) 657-2222 FAX: (404) 463-7652 TTY: (404) 463-7650
TOLL FREE: 1-800-547-0060 (BILINGUAL SERVICES AVAILABLE)

GENERAL INFORMATION: (See the back of this application for instructions and deadlines)
Fill out this form as completely and accurately as possible. All claims will be thoroughly reviewed for eligibility purposes.

SECTION I. VICTIM INFORMATION (ONLY LIST THE VICTIMS THAT ARE RELATED TO THE CLAIMANT)
Name(s) should be clearly written the way that the claimant wants the name(s) to appear on the sign.
(Please Print)

1) Victim's Name:_____ 3) Victim's Name:_____

2) Victim's Name:_____ 4) Victim's Name:_____

SECTION II. CLAIMANT INFORMATION (This should be the next of kin to the victim)

Claimant's Name:_____ Relationship to Victim:_____

Address:_____
City State Zip Code

Telephone (Home):_____ (Work):_____

Please note: Contact will be made with a family member of each victim before a claim determination is made.

SECTION III. CRIME INFORMATION (attach a copy of the police report)

Location of Crime:_____ Date of Crime:_____ Date Reported:_____
City County

Agency Crime Reported to:_____ Name of Officer/Detective:_____

IMPORTANT – READ CAREFULLY - AUTHORIZATION
(A COPY OF THIS SIGNED RELEASE SHALL BE CONSIDERED THE SAME AS THE ORIGINAL)

I hereby understand that if this claim is approved for a memorial sign that all monies will be paid directly to the Department of Transportation by the Georgia Crime Victims Compensation Board. I understand by signing below that I am informing the Georgia Crime Victims Compensation Board that I am the next of kin, I have consulted with other immediate family members, and I am the family member authorized to request the placement of a memorial sign in memory of the above victim(s). Neither the Georgia Crime Victims Compensation Board nor the Department of Transportation are liable for any family disputes or litigation regarding the placement of memorial signs or memorial signs and plaques. I hereby authorize any law enforcement agency that has knowledge relative to my claim to furnish information to the Georgia Crime Victims Compensation Board.

Claimant's (original signature) _____ Date _____

FOR OFFICIAL USE ONLY

This claim has been verified by the Criminal Justice Coordinating Council staff and the signature below certifies that this claim meets the eligibility requirements to have a DUI Memorial Sign placed on behalf of the above victim(s).

_____ _____
Claim Specialist Date

_____ _____
Division Director Approval Date

The signature below certifies that a DUI Memorial Sign has been placed on a state highway system with the above victim(s) name by the Department of Transportation.

_____ _____
District Maintenance Engineer Date Installed

Form DUI-1 Revised 06/07

Driving Under the Influence of Alcohol or Drugs Memorial Sign Eligibility Requirements

(All applications must be completed and signed by the next of kin, must have a copy of a police report attached, and a copy of the death certificate for each victim listed on the application).

The following are general eligibility requirements:

1) The next of kin may be a spouse, child, sibling, parent/legal guardian, or grandparent. The next of kin of a victim of homicide by vehicle caused by a person driving under the influence of alcohol or drugs may apply.

2) Crime must be reported to law enforcement and there must be a violation of Code Section 40-6-391, which is the Driving Under the Influence statute.

3) Family members of the person(s) charged with driving under the influence of alcohol or drugs or that caused the homicide by vehicle crash are not eligible for the placement of a memorial sign. (*Does not apply to minors*).

4) In the event of multiple claims arising out of a single motor vehicle accident, the names of all deceased victims for whom such claims are made by the next of kin will be placed on one sign or one sign and plaque. In other words, there shall be one sign per vehicular homicide (DUI) crash, not per claimant. Under special circumstances, more than one sign and plaque may be placed at the accident site at the discretion of the Georgia Crime Victims Compensation Board and the Department of Transportation.

5) The Department of Transportation is only authorized to place memorial signs on roads that are considered a part of the state highway system, so crashes occurring on roads outside of the state highway system will not be eligible for a memorial sign.

6) Approval of this application will only qualify the claimant for a memorial sign. The applicant must submit a separate application for benefits offered by the Georgia Crime Victims Compensation Board (i.e., medical, funeral, crime scene clean-up, mental health counseling, and/or lost wages/loss of support).

7) Approval for a memorial sign does not automatically qualify a claimant for benefits offered by the Georgia Crime Victims Compensation Board.

8) All memorial signs are standard signs, as set by state law, produced by the Department of Transportation and cannot be altered.