



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)

Law Enforcement Questionnaire

The purpose of this correspondence is to inform you that the Criminal Justice Coordinating Council (CJCC) is responsible for administering the State of Georgia's Crime Victims Compensation Program to innocent victims of a violent crime. In order to administer these funds, the CJCC is required pursuant to O.C.G.A. Section 17-15-6 to thoroughly investigate each complete claim. Recently, a victim in a case that you investigated submitted a claim.

Instructions: Please answer the following questions to assist us in determining whether the listed victim is an innocent victim of a violent crime. Please fax this questionnaire to (404) 463-7652 or forward it to the address listed above within 15 business days of receipt. If you should have any questions regarding this questionnaire or the Georgia Crime Victims Compensation Program, please call (404) 657-2222 or 1-800-547-0060.

CJCC Information	Law Enforcement Agency: _____
Claim Number:	Date of Offense:
Victim:	Alleged Offender:
	Case Number:

1. Was a crime committed against the victim listed above? Yes ☐ No ☐
2. Did the investigation reveal that the victim's conduct contributed to the infliction of his or her physical injury or financial hardship? Yes ☐ No ☐

If **YES**, please explain.

Yes ☐ No ☐

3. Has the victim cooperated with authorities? Yes ☐ No ☐
- If **NO**, please explain.

Name/Title: (print) _____ Signature: _____

Date: ____/____/____ Telephone No.: _____._____._____ Ext.: _____

Thank you for taking the time to assist us in improving services to victims of violent crime committed in your jurisdiction.

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