GEORGIA CRIME VICTIMS COMPENSATION PROGRAM
CRIMINAL JUSTICE COORDINATING COUNCIL
104 MARIETTA STREET, SUITE 440 ★ ATLANTA, GEORGIA 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 explaining why you feel that your claim **SHOULD NOT BE DENIED**:

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Signature: _____ Date: _____/_____/_____

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

9.28.2015-Appeal TAD