



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)

District Attorney's Office 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 crime victim who was victimized in your jurisdiction 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:
Claimant:	Case Number:
	Officer:
	Badge No.:

1. In your opinion, was a crime committed? Yes No Unknown
2. In your opinion, did the victim's conduct contribute to the infliction of his or her physical injury or financial hardship? Yes No Unknown
 If **YES**, please explain. _____

3. Has anyone been indicted? Yes No Unknown
 If **YES**, please list indictment and date.
 Indictment: _____
 Date: _____/_____/_____
4. Has the case gone to trial? Yes No Unknown
 If **YES**, please indicate if restitution has been sought.

Name and 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.