

**GEORGIA CRIME VICTIMS COMPENSATION PROGRAM**  
**CRIMINAL JUSTICE COORDINATING COUNCIL**



**Forensic Interview Referral Document (FIRD)**

To receive payment from the Crime Victims Compensation Program, the results of the Forensic Interview (FI) must be for identification of the interviewee’s needs, including social services, personal advocacy, case management, substance abuse treatment, and mental health services. As such, a copy of the referral information must be submitted with the Application for Payment. The provider may submit this information on their agency’s form(s) or submit the FIRD with the Application for Payment. If using their agency’s form(s), they must provide all of the information requested on the FIRD. If more than three referrals are made as a result of the FI, you may attach additional copies of this document or download additional FIRDs at [cjcc.ga.gov](http://cjcc.ga.gov). If you should have any questions regarding the completion of this form, please call (404) 657-2222 or 1-800-547-0060.

VICTIM INFORMATION	INCIDENT INFORMATION
Victim Name	Date of Crime

Referral(s) provided as a result of the Forensic Interview:

REFERRAL 1	
Name of Service Provider	Referral Date / /
Address of Service Provider (Street Address, City, State, and Zip Code)	Service Provider Telephone Number
Service(s) Recommended (e.g., social services, personal advocacy, case management, substance abuse treatment, mental health services, etc.):	

REFERRAL 2	
Name of Service Provider	Referral Date / /
Address of Service Provider (Street Address, City, State, and Zip Code)	Service Provider Telephone Number
Service(s) Recommended (e.g., social services, personal advocacy, case management, substance abuse treatment, mental health services, etc.):	

REFERRAL 3	
Name of Service Provider	Referral Date / /
Address of Service Provider (Street Address, City, State, and Zip Code)	Service Provider Telephone Number
Service(s) Recommended (e.g., social services, personal advocacy, case management, substance abuse treatment, mental health services, etc.):	

REFERRING AGENCY INFORMATION	
Agency responsible for making referral(s)	Contact Number for Agency making referral(s)
Name and title of staff member making referral(s)	