

## We're here to help.

If you would like help filing the application, or if you have questions, please call the Forensic Interview Program at (404) 657-2222 or (800) 547-0060.

### You will need to

1

Fill out and sign the attached application.

2

Collect the required documents and attach to your application.

3

Mail the completed application and required documents together to the Forensic Interview Program at:

104 Marietta Street NW, Suite 440  
Atlanta, GA 30303

4

The victim's custodian/legal guardian may apply to the Crime Victims Compensation Program (CVCP) to be considered for other benefits (i.e., medical, mental health counseling, or lost wages/loss of support). You can visit our website at [cjcc.ga.gov](http://cjcc.ga.gov) to get additional information about the CVCP and download the CVCP Application.

The Forensic Interview Program can pay up to \$200.00 per victim, per victimization for a forensic interview (FI) for crimes occurring in Georgia on or after July 1, 2014. Please note the following:

1. The FI must be for a person who is less than 18 years of age or a developmentally disabled adult.
2. The FI must be conducted in the context of a multidisciplinary and diagnostic team, or in a specialized setting such as a Child Advocacy Center.
3. The results of the 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 on the attached Forensic Interview Referral Document (FIRD). If using their agency's form(s), they must provide all of the information requested on the FIRD.
4. The interviewer must have specialized training to conduct FIs appropriate to the developmental age and abilities of children, or the developmental, cognitive, and physical or communication disabilities presented by adults.
5. The interviewer must submit a copy of their license or training certificate with the initial Application for Payment.
6. All sections of the Application for Payment must be completed. Incomplete applications will not be processed and will be returned to the person that submitted the application, noting the reason the application is incomplete.
7. The acknowledgement section of the Application for Payment must be signed by the person that conducted the FI and we must have an application with an **original signature** on file before we can remit payment.
8. All charges/services associated with the FI must be itemized and submitted with the Application for Payment, and only those expenses for the actual FI will be considered for payment.

#### NOTE:

For additional program requirements, please refer to our website at [cjcc.ga.gov](http://cjcc.ga.gov).

FORENSIC  
INTERVIEW  
PROGRAM

104 Marietta Street  
Suite 440  
Atlanta, GA 30303

Office (404) 657-2222  
Fax (404) 463-7652  
Toll Free (800) 547-0060  
TTY (404) 463-7650

www.cjcc.ga.gov

APPLICATION

O.C.G.A. § 17-15-16 provides that a forensic interview may be paid for by the Forensic Interview Program for crimes occurring in Georgia on or after July 1, 2014. The Forensic Interview Program can pay up to \$200.00 per victim, per victimization (when funding is available) if the interview is for a person who is less than 18 years of age or a developmentally disabled adult, the interview is conducted in the context of a multidisciplinary and diagnostic team, or in a specialized setting such as a child advocacy center; and the results of the forensic interview will be for identification of the interviewee needs, including social services, personal advocacy, case management, substance abuse treatment, and mental health services.

<b>SECTION 1. VICTIM INFORMATION</b>				In this section, please provide information about the victim.			
Name of Victim (First Name, Middle Initial, Last Name )			Date of Birth (MM/DD/YY) / /		Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
If 18 or older, is the victim developmentally disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the documentation confirming the disability.							

<b>SECTION 2. VICTIM'S CUSTODIAN/LEGAL GUARDIAN INFORMATION</b>			In this section, please provide information about the Victim's Custodian/Legal Guardian.				
Victim's Custodian/Legal Guardian (First Name, Middle Initial, Last Name )				Best Contact Phone Number		Alternate Phone Number	
Address (Street Address, City, State, and Zip Code)					Relationship to the Victim		

<b>SECTION 3. CRIME INFORMATION</b>			In this section, please provide details about the crime.				
Type of Crime Reported			Date of Crime / /		Date Crime Reported / /		
Location of Crime			County of Crime				
Agency Crime Reported To							

<b>SECTION 4. FORENSIC INTERVIEW INFORMATION</b>			In this section, please provide information about the forensic interview. The interviewer must be trained to conduct forensic interviews appropriate to the developmental age and abilities of children, or the developmental, cognitive, and physical or communication disabilities presented by adults.				
Name of Facility			Date of Forensic Interview / /		Length of the Interview		
Address of Facility (Street Address, City, State, and Zip Code)					Facility Telephone Number		

<b>SECTION 5. REMIT TO INFORMATION</b>			In this section, please indicate who should receive payment.				
Name				SSN or FEI No.			
Address (Street Address, City, State, and Zip Code)							

<b>SECTION 6. ACKNOWLEDGEMENT</b>			This section is completed by the person who conducted the forensic interview.				
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With my signature, I declare and affirm under the penalty of perjury that the information provided above in Sections 1 through 5 and the statements listed below on this Application for Payment are true and correct:

- 1** I have specialized training to conduct forensic interviews appropriate to the developmental age and abilities of children, or the developmental, cognitive, and physical or communication disabilities presented by adults. **(Please attach a copy of license or training certificate)**
- 2** The interview was conducted as a part of an investigation of an alleged crime and in the context of a multidisciplinary and diagnostic team, or in a specialized setting such as a child advocacy center.
- 3** The results of the forensic interview were for identification of the interviewee's needs, including social services, personal advocacy, case management, substance abuse treatment, and mental health services. **(Please attach a copy of the referral information provided to the victim's custodian/legal guardian)**

\_\_\_\_\_  
Name and Title of Forensic Interviewer (typed or printed)

\_\_\_\_\_  
Forensic Interviewer Signature

\_\_\_\_\_  
SSN or FEI No.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Send the completed Application for Payment and required documentation to the address listed above. If you have any questions, please call (404) 657-2222 or (800) 547-0060. You can also visit our website at [cjcc.ga.gov](http://cjcc.ga.gov) for additional information.