

**Avery D. Niles, Commissioner**



**DEPARTMENT OF JUVENILE JUSTICE**

The Office of Victim Services  
3408 Covington Highway, Decatur, Georgia 30032  
Telephone: (404) 508-6500 or (886) 922-6360  
Fax: (404) 508-7332

**VICTIM IMPACT STATEMENT**

Defendant Name: **(Enter Youth's Full Name)**

Victim Name: **(Enter Victim's Full Name)**

Complaint #: **(Enter Complaint #)**

The information that you provide to our office allows us to better represent you. Filling out this form is strictly voluntary, but if you do not want this information shared it will remain confidential. This statement, however, is your main opportunity to inform the Department of Juvenile Justice how you feel regarding this matter and to insure the department is aware of any restitution you have requested.

**Description of Impact from Crime**

Please indicate in your own words how this crime has impacted you. If you need additional space you may attach additional pages.

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**Restitution**

Please check the boxes applicable and provide all documentation to support your losses and/or compensation.

**Restitution**

Please check the boxes applicable and provide all documentation to support your losses and/or compensation.

- |   |          |                               |
|---|----------|-------------------------------|
| <input type="checkbox"/> Property Loss  | \$ _____ | Description: _____            |
| <input type="checkbox"/> Financial Loss | \$ _____ | Description: _____            |
| <input type="checkbox"/> Compensation   | \$ _____ | From Defendant to Date: _____ |
| <input type="checkbox"/> Compensation   | \$ _____ | Source: _____                 |

*Information should be supported by a bill, canceled check, receipt or written estimate. Information not received in this manner may not be considered for restitution*

**Sentencing Recommendation**

- |  |                          |
|--|--------------------------|
| <input type="checkbox"/> Incarceration     | Suggested Length: _____  |
| <input type="checkbox"/> Probation         | Suggested Terms: _____   |
| <input type="checkbox"/> Community Service | Suggested Service: _____ |

**Other Comments**

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address:

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If you are filling this information out for a victim, please provide your data above and fill out the information below:

Victim: \_\_\_\_\_

Relationship to Victim: \_\_\_\_\_

Please complete this form immediately. It is your statement and voice about how this crime has affected your life. If at any point you move during this process, please notify us of any address change.