

UNCLAIMED RESTITUTION APPLICATION

INSTRUCTIONS

To expedite the processing of your application, please submit a complete **Business Unclaimed Restitution Application Packet**, which includes items 1 thru 3 below.

1

Please complete the entire application, printing clearly. Sign where required and have your signature notarized.

2

Please complete a request for Taxpayer Identification Number and Certification Form (W-9 Form), which can be found on our website at crimevictimscomp.ga.gov.

3

Please provide documentation to validate you are an authorized representative of the corporation/business (i.e. representative listed on business/corporation letterhead, business card, copy of business ID, etc.).

4

Mail the complete application packet to
**Criminal Justice Coordinating Council,
Unclaimed Restitution Program
104 Marietta Street NW, Suite 440
Atlanta, GA 30303**

If you would like help completing your application, or if you have questions, please call us. We have Unclaimed Restitution Specialists available to assist you.

Office: (404) 657-2222
Toll Free: (800) 547-0060
TTY: (404) 463-7650
Fax: (404) 463-7652
crimevictimscomp.ga.gov

The Unclaimed Restitution Program: When an offender is sentenced in court, part of their sentence may include paying restitution (money) back to the victim of the crime. When money is unclaimed by a victim or business for more than two years, it is transferred to the Crime Victims Emergency Fund. At that time, the Unclaimed Restitution Program makes attempts to locate and contact the victim or business.

This application is for businesses that experienced a criminal act resulting in restitution being ordered. If you are an individual victim of crime who has unclaimed court ordered restitution funds, please visit our website, crimevictimscomp.ga.gov, to download the Individual Victim Unclaimed Restitution Application.

PLEASE NOTE

- Additional documentation may be requested once an application has been received and reviewed.
- If you believe you may have money that is owed to you as a result of a crime against you or your business, you may search our unclaimed restitution database on our website at: crimevictimscomp.ga.gov.

According to Georgia State Statute O.C.G.A. §17-14-18 which states in part, "If a person or entity entitled to restitution cannot be located., the restitution paid to such person or entity shall be deposited in the Crime Victims Emergency Fund... a person or entity entitled to such restitution may claim such restitution... by applying in writing to Georgia Crime Victims Compensation Board. Upon receipt of such application and verification that the person making the claim is in fact entitled to such restitution, the Georgia Crime Victims Compensation Board shall pay such restitution to the person or entity." (The complete Georgia Code can be found at www.lexisnexis.com/hottopics/gacode/).



UNCLAIMED

RESTITUTION APPLICATION

BUSINESS APPLICATION

104 Marietta Street
Suite 440
Atlanta, GA 30303

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

www.crimevictimscomp.ga.gov

SECTION 1. BUSINESS INFORMATION

Please provide the following CURRENT contact information if your business has unclaimed court ordered restitution funds (money) due to a crime that occurred in the State of Georgia.

Business Name			Restitution Amount Ordered	
Business Owner or Representative Name (First, Middle, Last)		Date of Birth (MM/DD/YY)	Social Security Number (or TIN)/Federal ID Number	
Street Address (including apartment #)		City	State	Zip Code
Best Contact Phone Number	Alternate Phone Number	Email Address		
How would you like to receive claim updates? <input type="checkbox"/> Email <input type="checkbox"/> Mail				

SECTION 2. CO-OWNER INFORMATION

If there was a co-owner of the business, please complete the information below with the co-owners contact information.

Co-Owner Name (First, Middle, Last)		Date of Birth (MM/DD/YY)	Social Security Number (or TIN)/Federal ID Number	
Street Address (including apartment #)		City	State	Zip Code
Best Contact Phone Number	Alternate Phone Number	Email Address		

SECTION 3. PREVIOUS BUSINESS INFORMATION

Please provide information below **ONLY** if the business's information when restitution was originally awarded is different from today (as noted in Section 1).

Business Name				
Business Street Address		City	State	Zip Code

SECTION 4. HOW DID YOU HEAR ABOUT US?

Please check all that apply.

- | | | |
|------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> CJCC Staff | <input type="checkbox"/> Radio/Television | <input type="checkbox"/> Other State Agency |
| <input type="checkbox"/> Court | <input type="checkbox"/> Family/Friend/Neighbor | <input type="checkbox"/> Social Media (Facebook/Twitter/Instagram, etc.) |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Victim Services Advocate | <input type="checkbox"/> Department of Revenue website |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Brochures, Poster, etc. | <input type="checkbox"/> Other_____ |

SECTION 5. AFFIDAVIT

Original affidavit is needed. Faxed copies will not be accepted.

The undersigned declares and affirms under penalty of perjury that the statements made in this claim form are true and correct, and certifies that they are an authorized person providing the information on behalf of the business/corporation.

X _____ **X** _____
Signature of Business Representative Signature of Business Co-Owner

Sworn to and subscribed before me this _____ Day of _____

X _____ Notary Seal:
Signature of Notary Public

Printed Name of Notary Public