BUSINESS APPLICATION AND INSTRUCTIONS

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.



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



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.



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



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

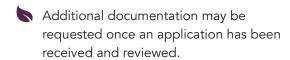
If you would like help completing your application, or if you have questions, please call us. We have Unclaimed Restitution Specialists available to assist you.

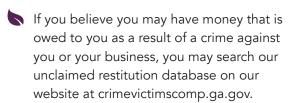
Office: (404) 657-2222
Toll Free: (800) 547-0060
TTY: (404) 463-7650
Fax: (404) 463-7652
crimevictimscomp.ga.gov

The Unclaimed Restitution Program: When an offender is sentenced in court, art 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 <u>businesses</u> 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





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/).





104 Marietta Street Suite 440 Atlanta, GA 30303 Office Fax Toll Free TTY (404) 657-2222 (404) 463-7652 (800) 547-0060 (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 Pho			one Number		Email Address				
How would you like to receive claim updates? ☐ Email ☐ 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 TII		TIN)/Federal ID Number	
Street Address (including apartment #)				City		State		Zip Code	
Best Contact Phone Number Alternate Pho			one Numb	umber Email.		ress			
SECTION 3. PREVIOUS BUSINESS INF	N		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.					
☐ CJCC Staff ☐ Radio/Television ☐ Court ☐ Family/Friend/Neighbor ☐ Internet Search ☐ Victim Services Advocate ☐ Newspaper ☐ Brochures, Poster, etc.			 □ Other State Agency □ Social Media (Facebook/Twitter/Instagram, etc.) □ Department of Revenue website □ 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 Signature of Business Representative Signature of Business Co-Owner									
Signature of Business Representative									
Sworn to and subscribed before me this						Day of			
Signature of Notary Public				Notary Seal:					
Printed Name of Notary Public									