GEORGIA CRIME VICTIMS COMPENSATION PROGRAM
CRIMINAL JUSTICE COORDINATING COUNCIL
104 MARIETTA STREET, SUITE 440 ★ ATLANTA, GEORGIA 30303-2743
404.657.2222 ★ 800.547.0060 ★ 404.463.7652 FAX ★ 404.463.7650 TTY

RELEASE OF INFORMATION TO DISTRICT ATTORNEY'S OFFICE

I hereby authorize the release of information associated with this application to the District Attorney's Office, or any representative thereof, with jurisdiction over the crime for which this application is based. My signature allows the DA's office to view my claim and assist with obtaining required information. I understand that I can contact the Victims Compensation Program by phone or in writing to revoke this authorization at any time, except to the extent that the DA's office has already acted based on this Authorization. I understand this authorization is voluntary and will not affect my eligibility for benefits or payment thereof.

I Do Consent X_____
Signature of Victim, Witness, or Claimant

Print Name _____

Claim Number _____

Date Signed _____