

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



Prosecuting Attorney's Questionnaire

Date: _____	
To: _____	From: _____

The purpose of this correspondence is to inform you that the Criminal Justice Coordinating Council (CJCC) is responsible for administering the State of Georgia's Crime Victims Compensation Program to innocent victims of a violent crime. In order to administer these funds, the CJCC is required, pursuant to O.C.G.A. §17-15-6, to thoroughly investigate each complete claim. Recently, a crime victim who was victimized in your jurisdiction submitted a claim.

Instructions: Please answer the following questions to assist us in determining whether the listed victim is an innocent victim of a violent crime. Please fax this questionnaire to (404) 463-7652 or forward it to the address listed above within 15 business days of receipt. If you should have any questions regarding this questionnaire or the Georgia Crime Victims Compensation Program, please call (404) 657-2222 or 1-800-547-0060.

CJCC Information	Prosecuting Attorney Information
Claim Number: _____	Date of Offense: _____
Victim: _____	Alleged Offender(s): _____
Claimant: _____	Case Number: _____
	Officer: _____
	Badge #: _____

- Do you have a criminal case in your office? Yes No
If **NO**, please sign and return as indicated in the instructions above.
- If you answered yes to Question 1, was a crime committed? Yes No Unknown
- Did the victim's conduct contribute to the infliction of his or her physical injury or financial hardship?
If **YES**, please explain. Yes No Unknown

- Has anyone been indicted? Yes No Unknown
If **YES**, please list indictment and date.
Indictment: _____
Date: _____/_____/_____
- Has the case gone to trial? Yes No Unknown
If **YES**, please indicate if restitution has been sought. _____

Name and Title: (print): _____ Signature: _____

Date: _____/_____/_____ Telephone No.: _____ Ext.: _____