

PLEASE RETURN TO VICTIM UNIT
COBB COUNTY SOLICITOR GENERAL OFFICE
10 EAST PARK SQUARE SUITE 300
MARIETTA, GA 30090-9638
Phone: 770-528-8500

**GEORGIA VICTIM IMPACT STATEMENT
"PROPERTY THEFT"**

State vs. _____
(Defendant's Name/ Arrested Party)

Case/Warrant number: _____

Type of theft: _____

Date theft occurred: _____

The information you give below will be used by the State to better understand how this crime has affected you and/or your business.

Your name: _____

Your home address: _____

City _____ State _____ Zip _____

Day Time Telephone number(s): _____

Name of Business: _____

Business address: _____

1. Are you the property owner? Yes No

If no, please provide the name, address and telephone numbers (work and home) of the owner as that individual will be added as the victim.

2. Provide details regarding the property taken to include, description, serial numbers, photos and receipts (attach additional sheet if necessary). _____

3. List total personal expense (s) with receipt(s) _____ List total amount paid by insurance company with proof of payment(s) _____

Please attach all copies of bills and receipts for court consideration

The person, other than the victim completing this statement, must provide the following information.

Name _____ Relationship to victim _____

Phone Number _____

Reason victim did not complete the statement: _____

This statement is signed and affirmed as true under the penalties of perjury.

Signature

Date