

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
(Assault, Battery, Crimes against Children and Elderly Abuse)

State vs. _____
(Defendants Name/ Arrested Party)

Warrant /Case number _____

Crime that occurred _____

Date crime occurred _____

Relationship between parties. _____

Information you give below may help the Prosecutor, Judge, and Probation Office better understand how this crime has affected you and your family. You may want to attach more sheets if necessary.

Victim's name _____

Street Address _____

City, State, Zip code _____

Day Time Telephone number(s) _____

1. Briefly describe the crime committed against you and or your family member (s).

2. Were you physically injured because of this crime? Yes No

If yes, what type of injuries did you sustain and how serious were these injuries?

Also tell how long these injuries lasted or will last.

3. Was medical treatment needed for your physical injury? Yes No

If yes, tell about the treatment. Tell how long the treatment was or will be needed.

Person other than the victim, completing the statement, must provide the following information.

Name _____ Relationship to victim _____

Phone _____

Reason victim did not complete the statement: _____

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

Signature

Date