



National Crime Victims' Rights Week

April 19–25, 2020

Seek Justice | Ensure Victims' Rights | Inspire Hope

Victims Visitors' Day



TO: Crime Victims

FROM: Georgia Office of Victim Services in collaboration with the Western Judicial Circuit Victim-Witness Assistance Program

When: Tuesday, April 21, 2020; Opening Ceremony: 8:30 am
Appointments: 10:00 am - 5:00 pm

Where: Athens First United Methodist Church
327 N Lumpkin St, Athens, GA 30601
(Parking adjacent to the church on Hancock Ave.)

The Georgia Office of Victim Services and the Western Judicial Circuit Victim-Witness Assistance Program, cordially invite you to "Victims Visitors' Day".

Crime Victims and/or family members will have the opportunity to discuss their offender's case confidentially with representatives of the Department of Corrections, the State Board of Pardons and Paroles, and the Department of Community Supervision.

This is a great opportunity to have a voice in the process if your offender is currently in prison or on Community Supervision (probation/parole).

Visitors can take advantage of the following services:

- Receive current information on offender, including maximum release date, parole date, and where inmate is incarcerated
- Register to receive future notifications of the offender's status
- Submit Victim Impact Statements
- Receive Victim Services Information
- Learn how to navigate the websites of the Department of Corrections, the State Board of Pardons and Paroles, and the Department of Community Supervision

TO SCHEDULE AN APPOINTMENT, PLEASE RSVP

BY MONDAY, APRIL 20, 2020 TO :

404-656-6872 / victimservices@pap.state.ga.us

(If you leave a message, please include your name, phone #, and the offender's name)

MEMORIAL BUTTON



Tuesday, April 21, 2020

If you would like a Memorial Button of your loved one, please bring a 3x5" or larger photo. Buttons will be available for same day pick up.



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Victims Visitors' Day - Athens, GA - April 2020

SOUVENIR BOOKLET / VIDEO CONSENT FORM

The Georgia Office of Victim Services, in collaboration with the Western Judicial Circuit Victim-Witness Assistance Program, in the Office of District Attorney Kenneth W. Mauldin, will host a Victims Visitors' Day on Tuesday, April 21, 2020. We will feature a souvenir booklet that will be distributed on the day of the event.

The souvenir booklet will include a Victim Recognition page. We intend for this page to not only honor victims, but also recognize their enduring strength, and/or their loving memory. Additionally, we will be broadcasting a memorial video with personal photographs of homicide victims during the opening ceremony of Victims Visitors' Day.

If you or a loved one was a victim of a crime in Georgia, and you would like your/their name listed on the Victim Recognition page, please complete and sign the form below. You can also use this form to indicate your desire to have a personal photograph of your loved one who lost his/her life to crime included in the memorial video.

We must receive the completed form and/or photograph* by March 23, 2020.

THIS REQUEST IS FOR (PLEASE CHECK ONE):

☐

Souvenir Booklet Only

☐

Memorial Video Only

☐

Souvenir Booklet and Memorial Video

SECTION 1: VICTIM(S)

*Please print the victim's name(s) that you would like listed in the Souvenir Booklet and/or Memorial Video.
Please print the victim's name(s) exactly as you want it to appear*

Name(s) (Print):

SECTION 2: REQUESTOR

Please provide the name of the person requesting the victim be added to the Souvenir Booklet and/or Memorial Video

Name (Print):

SECTION 3: Contact Information

Best contact Phone Number and address of person making this request

Phone Number:

Address (Print):

By signing this document, I certify that the name(s) listed above in Section 1 was a victim of a crime in Georgia and I grant permission to the Georgia Office of Victim Services to use my name, as I am a victim, or the name(s) of my loved one in the Victims Visitors' Day Souvenir Booklet, and/or Memorial Video. Such use may include the display, distribution, publication, transmission, or other use of his/her name in materials that include, but may not be limited to, printed material such as a souvenir booklet, agenda, brochure or newsletter.

Victim or Requestor's Signature

Date

Please make a copy of this form for your records and mail, fax, or email the original to:

Georgia Office of Victim Services, ATTN: Takeisha Robinson
2 Martin Luther King, Jr. Drive, S.E., Suite 458, East Tower, Atlanta, Georgia 30334 | Fax: 404-465-3567 | takeisha.robinson@pap.ga.gov

***Please note: Professional photographs cannot be accepted.**

If you have any questions, please contact Takeisha Robinson at 478-258-8271