



# Georgia Office of Victim Services Victim Impact Statement

**\*\* To be completed by a victim or for a victim by a family member or attorney \*\***

**This form should be completed after the offender has been sentenced and remanded to the custody of the Georgia Department of Corrections. Your Victim Impact Statement will become a permanent and confidential part of the offender's file. Once registered, you will receive information and notifications regarding the offender's status with the Department of Corrections, the State Board of Pardons and Paroles, and the Department of Community Supervision. It is your responsibility to notify the Georgia Office of Victim Services of changes to your postal mail, email, and telephone numbers. For more information, please contact the Georgia Office of Victim Services toll-free 1-800-593-9474 or locally 404-651-6668.**

**OFFENDER INFORMATION**

Offender's Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Offender's Date of Birth: \_\_\_\_\_ Offender's Gender: \_\_\_\_\_

Offense(s): \_\_\_\_\_ GDC ID or Case Number #: \_\_\_\_\_

Indictment Number: \_\_\_\_\_ Conviction Date: \_\_\_\_\_ County of Conviction: \_\_\_\_\_

**VICTIM INFORMATION**

Victim's Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Person Requesting Notification: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Person Requesting Notification Relationship to the Victim (i.e parents, siblings, friends, attorney, etc): \_\_\_\_\_

Reason Victim did not complete form (i.e deceased, minor, etc.): \_\_\_\_\_

Registrant's mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

International Address: \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_ Type of Primary Telephone #: \_\_\_\_\_

Secondary Telephone #: \_\_\_\_\_ Type of Secondary Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**If you require special accommodations in accordance with the Americans with Disabilities Act (ADA, please list below:**

\_\_\_\_\_

