

PAROLE BOARD

CRIME VICTIM IMPACT STATEMENT



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

Defendant's Name: _____ Crime: _____

Sentencing Date: _____ Date of Crime: _____

Case Number: _____ County of Crime: _____

EF Number: _____

The information provided below may help the Parole Board better understand how this crime has affected you and your family. If the Defendant enters a state prison, you can mail this statement to the Parole Board's Office of Victim Services, 2 Martin Luther King, Jr. Drive, S.E., Atlanta, Georgia 30334. Your Impact Statement will become a permanent and strictly confidential part of the Parole Board's case file on the inmate. By completing the Impact Statement you automatically receive early notification of any parole consideration. This allows you the opportunity to voice your opinion about the possible parole of the inmate. In the event of multiple inquiries within the same family, the Director of the Office of Victim Services has the discretion to appoint one family member to serve as the point of contact.

For more information, please contact the Parole Board's Office of Victim Services: 1) toll-free at 1-800-593-9474, 2) locally at 404-651-6668 or, 3) visit our website at www.pap.state.ga.us.

It is your responsibility to notify the Parole Board of any mailing address, email or telephone changes.

Victim's Name: _____ Date of Birth: _____

Person other than victim completing statement: _____

Relation to Victim (family or attorney): _____

Reason victim did not complete form: _____

Mailing Address of Statement Writer: _____

Telephone Number: _____

E-mail Address _____

