

Telephone:  
770/784-2070  
Fax 770/784-2069  
Covington, Georgia  
NEWTON COUNTY



Telephone:  
770/267-1355  
Fax 770/267-1364  
Monroe, Georgia  
WALTON COUNTY

W. KENDALL WYNNE, JR.  
DISTRICT ATTORNEY  
ALCOVY JUDICIAL CIRCUIT  
NEWTON COUNTY JUDICIAL CENTER  
1132 Usher Street, Room 313  
Covington, Georgia 30014

**Victim:**

**Defendant:**

**Case No:**

As a victim of crime, you may have the right to restitution for losses which are directly related to the crime committed against you or your property. Restitution may be requested for, but not necessarily limited to:

- Personal expenses
- Lost wages due to missed work
- Property repair or replacement
- Insurance co-pays and deductibles
- Other expenses/compensation approved by the court

Victims of violent crime resulting in injury may also be eligible for assistance from the Georgia Crime Victim's Compensation Program. Please contact the Victim/Witness Assistance Program at 770-784-2070 with any questions regarding this program.

When you submit your request for restitution, please enclose copies of bills, receipts, estimates for replacement or repair, employer statement verifying missed work days, and any other documents that may assist the court in determining restitution.

Please note: Restitution in a criminal case is not intended to compensate for "pain and suffering", "mental anguish", potential future losses, or punitive damages as in a civil filing. For further information on these issues, please contact a private attorney. The District Attorney's Office cannot give legal advice pertaining to civil law.

**It is important for you to understand that restitution is ordered by a superior court judge at the conclusion of a criminal case, either by guilty plea or conviction at jury trial.** If restitution is ordered by the Court, it will be collected from the offender and dispersed to you, the victim, by the probation department. You will be responsible for providing your updated contact information to the probation office after restitution is ordered.

This form must be returned to the District Attorney's Office within 30 days of the date on this letter for restitution to be considered. Immediately notify the Victim/Witness Assistance Office at 770-784-2070 of additional bills/expenses received after this form is submitted.

**CHARLIE LEE SMITH**

**Case No: 09MGW0927-1**

Please list the items, and their value, for which you are seeking restitution. Attach additional sheets, if necessary.

PERSONAL EXPENSES (example: medical/mental health bills, travel expenses, insurance co-pays and deductibles)

List personal expense items	Amount	Has an insurance claim been filed? (if applicable)

WORK RELATED EXPENSES (example: days/hours missed from work due to this crime)

List work-related expenses	Amount	Has an insurance claim been filed? (if applicable)

PROPERTY DAMAGE/LOSS EXPENSES (example: stolen, damaged, or destroyed items)

List property damage/loss expenses	Amount	Has an insurance claim been filed?

OTHER EXPENSE TYPE (any other loss that may be applicable, which is not included elsewhere on this form)

Other expenses	Amount	Has an insurance claim been filed? (if applicable)

**I verify that to the best of my knowledge, all the information provided by me on this form is true and correct.**

Date: \_\_\_\_\_

Requestor Name (print): \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Requestor Signature: \_\_\_\_\_

