

UNCLAIMED RESTITUTION APPLICATION

INSTRUCTIONS

To expedite the processing of your application, please submit a complete **Individual Victim Unclaimed Restitution Application Packet**, which includes items 1 thru 3 below.

1

Please complete the entire application, printing clearly. Sign where required and have your signature notarized.

2

Please provide us with a copy of your Driver's License of State Identification Card.

3

Please complete a request for Taxpayer Identification Number and Certification Form (W-9 Form), which can be found on our website at crimevictimscomp.ga.gov.

4

Mail the complete application packet to **Criminal Justice Coordinating Council, Unclaimed Restitution Program 104 Marietta Street NW, Suite 440 Atlanta, GA 30303**

If you would like help completing your application, or if you have questions, please call us. We have Unclaimed Restitution Specialists available to assist you.

Office: (404) 657-2222
Toll Free: (800) 547-0060
TTY: (404) 463-7650
Fax: (404) 463-7652
crimevictimscomp.ga.gov

According to Georgia State Statute O.C.G.A. §17-14-18 which states in part, "If a person or entity entitled to restitution cannot be located..., the restitution paid to such person or entity shall be deposited in the Crime Victims Emergency Fund... a person or entity entitled to such restitution may claim such restitution... by applying in writing to Georgia Crime Victims Compensation Board. Upon receipt of such application and verification that the person making the claim is in fact entitled to such restitution, the Georgia Crime Victims Compensation Board shall pay such restitution to the person or entity." (The complete Georgia Code can be found at www.lexisnexis.com/hottopics/gacode/).

The Unclaimed Restitution Program: When an offender is sentenced in court, part of their sentence may include paying restitution (money) back to the victim of the crime. When money is unclaimed by a victim or business for more than two years, it is transferred to the Crime Victims Emergency Fund. At that time, the Unclaimed Restitution Program makes attempts to locate and contact the victim or business.

This application is for individual victims of crime who have unclaimed court ordered restitution funds. If your business experienced a criminal act resulting in restitution being ordered, please visit our website, crimevictimscomp.ga.gov, to download the Business Unclaimed Restitution Application.

PLEASE NOTE

- Additional documentation may be requested once an application has been received and reviewed.
- If you believe you may have money that is owed to you as a result of a crime against you or your business, you may search our unclaimed restitution database on our website at: crimevictimscomp.ga.gov.

CRIME VICTIMS COMPENSATION PROGRAM

In addition to the Unclaimed Restitution, you or your family members may also be eligible for other expenses related to the victimization. The Crime Victims Compensation Program may be able to help ease the financial burden and assist with expenses to include the following:

BENEFIT CATEGORIES

- Medical Expenses** Up to \$15,000
- Funeral Expenses**. Up to \$6,000
- Counseling Expenses**. Up to \$3,000
- Economic Support Expenses** Up to \$10,000
- Crime Scene Sanitization Expenses** . . . Up to \$1,500



UNCLAIMED

RESTITUTION APPLICATION

INDIVIDUAL VICTIM APPLICATION

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Atlanta, GA 30303

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SECTION 1. INDIVIDUAL VICTIM INFORMATION

Please provide the following CURRENT contact information if you are an individual victim of crime who has unclaimed court ordered restitution funds (money) due to a crime that occurred in the State of Georgia.

Victim Name (First, Middle, Last)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YY)	Social Security Number (or TIN)
Street Address (including apartment #)		City	State	Zip Code
Best Contact Phone Number	Alternate Phone Number	Email Address		
Restitution Amount Ordered		How would you like to receive claim updates? <input type="checkbox"/> Email <input type="checkbox"/> Mail		

Demographic Data (For Statistical Use Only)

Race: American Indian/Alaska Native Asian Black/African American Native Hawaiian and Other Pacific Islander
 White/Non-Latino/Caucasian Hispanic/Latino Other Race _____

If 17 or older, is the victim a veteran? Yes No Is the victim disabled? Yes No If yes, is the disability a result of the crime? Yes No

SECTION 2. PREVIOUS VICTIM INFORMATION

Please provide information below ONLY if the victim's information when restitution was originally awarded is different from today (as noted in Section 1).

Victim Name (First, Middle, Last)				
Street Address (including apartment #)		City	State	Zip Code

SECTION 3. CLAIMANT INFORMATION

Please provide the following information if you are not the victim who was awarded restitution.
Please Note: Documentation must be submitted with this application to validate the below listed relationship.

Heir, Executor or Administrator of the victim's estate Parent/Guardian Court Appointed Power of Attorney to act on the victim's behalf
 Trustee Other: (Please explain) _____

SECTION 4. CRIME VICTIMS COMPENSATION PROGRAM

Please indicate if you would like to receive more information about how the Georgia Crime Victims Compensation Program may be able to assist you.

In addition to Unclaimed Restitution, you or your family members may apply for benefits offered through the Crime Victims Compensation Program for other expenses incurred as a result of the victimization to include the following:

Georgia Crime Victims Compensation Program Benefit Categories

- Medical Expenses: up to \$15,000
- Counseling Expenses: up to \$3,000
- Crime Scene Sanitization Expenses: up to \$1,500
- Funeral Expenses: up to \$6,000
- Economic Support Expenses: up to \$10,000

Please check which one applies:

- I would like a Victims Compensation Division Program Advocate to contact me to assist in applying to the Crime Victims Compensation Program.
- I have already submitted an application to the Crime Victims Compensation Program.
- I am not interested in applying to the Crime Victims Compensation Program at this time.

SECTION 5. HOW DID YOU HEAR ABOUT US?

Please check all that apply.

- CJCC Staff Newspaper Victim Services Advocate Social Media (Facebook/Twitter/Instagram, etc.)
- Court Radio/Television Brochures, Poster, etc. Department of Revenue website
- Internet Search Family/Friend/Neighbor Other State Agency Other _____

SECTION 6. AFFIDAVIT

Original affidavit is needed. Faxed copies will not be accepted.

The undersigned declares and affirms under penalty that the statements made in this claim form are true and correct, and certifies that they are the proper claimant that resides at the provided address.

X _____

Signature of Victim/Claimant

Sworn to and subscribed before me this _____ Day of _____

X _____

Signature of Notary Public

Notary Seal:

Printed Name of Notary Public