VICTIM IDENTIFICA	RMATION	To District Attorney=s Office/Solicitor=s Office B Victim=s Rights Act			
Defendant=s Name				Officer/Person Completing Form	
Warrant Number(s)	F/M Offense(s)			Victim=s Rights Advised By: (circle, if applicable)  Officer Magistrate Clerk Other	
					Victim Given: (circle, if applicable)  DA Brochure PD Handout Verbal Other
Victim is an Individual or Minor Child				_	Victim is a Business
Name(s) (List all victims at same address)  Address			[]C	Race (check applicable)  [ ] Caucasian;  [ ] African/American;	<b>EXACT</b> Business Name: (Get from posted business license, if necessary.)
City/State/Zip				[ ] Hispanic; [ ] American Indian /Alaskan native [ ] Multiracial [ ] Asian/Pacific Islander	The business entity is: (circle)
Tel home					Sole proprietorship Partnership Corporation
Tel work					Address
If victim is a minor, list his/her contact person;					
Victim=s next of kin/contact person:			[ ] N	/lale []Female	City/State/Zip
Address			Victi	m=s SSN (if available)	Contact Person(s):
City/State/Zip					
Tel home				m=s DOB:	Tel. number(s)
Tel work					

Crime victims of felony offenses should contact the District Attorney's office -- 770.822.8444. Crime victims of misdemeanor offenses should contact the Solicitor=s office B770.822.8300. Victims may be eligible for compensation.