OFFICE of the DISTRICT ATTORNEY
MIDDLE JUDICIAL CIRCUIT of GEORGIA
TRIPP FITZNER, DISTRICT ATTORNEY

MIDDLE JUDICIAL CIRCUIT EARLY INTERVENTION PROGRAM

FORM 4: VICTIM NOTIFICATION AND POSITION FORM

Case No: District Attorney File No:

Defendant Name: DOB:

Offense(s) Charged: _____

Alleged Victim Name: _____

Date of Alleged Offense: _____

SECTION 1: VICTIM IDENTIFICATION AND CONTACT

Victim Information

Victim Name (Full Legal Name): _____

Date of Birth: Age:

Relationship to Defendant:

- ☐ Stranger
- ☐ Acquaintance
- ☐ Family member
- ☐ Intimate partner
- ☐ Other: _____

Current Contact Information:

Address: _____

City, State, ZIP: _____

Home Phone: Work Phone: Mobile:

Email: _____

Best Method of Contact:

- ☐ Home phone
- ☐ Work phone
- ☐ Mobile
- ☐ Email
- ☐ Mail

- [ ] Other: _____

Language Preference:

- [ ] English
- [ ] Spanish
- [ ] Other: _____

Special Circumstances: (Check if applicable)

- [ ] Victim is currently homeless (address: _____)
- [ ] Victim is living at domestic violence shelter (contact through victim advocate)
- [ ] Victim has identified safety concerns (see below)
- [ ] Victim is deceased (note: estate representative contacted instead)
- [ ] Victim is incapacitated (power of attorney or guardian to be contacted instead)
- [ ] Other: _____

Victim Safety Assessment (Critical for DV/Sexual Assault Cases)

Is this a domestic violence or sexual assault case?

- [ ] Yes
- [ ] No

If YES, assess victim safety before notifying of diversion:

Victim Safety Concerns:

- [ ] Victim fears retaliation
- [ ] Victim has protective order against defendant
- [ ] Prior threats or violence by defendant
- [ ] Victim requests no contact with defendant/family
- [ ] Other: _____

Safety Plan Required?

- [ ] Yes
- [ ] No

If yes, coordinate with victim advocate before notifying of diversion.

SECTION 2: VICTIM NOTIFICATION PROCESS

Notification Method

Date of Notification Attempted: _____

Method(s) Used: (Check all that apply)

- ☐ Phone call on: ___ Time: ___ By: ___
- ☐ In-person meeting on: ___ Location: ___ By: ___
- ☐ Certified mail sent: ___ Delivery date: ___
- ☐ Email sent: ___ Date: ___
- ☐ Through victim advocate on: ___ Contact: ___
- ☐ Other: _____

Status of Notification:

- ☐ Victim reached and spoke directly with prosecutor/victim advocate
- ☐ Voicemail left for victim
- ☐ Left written notice at victim's address
- ☐ Victim unable to be located (good faith efforts documented below)
- ☐ Other: _____

Good Faith Efforts to Locate Victim (if unable to contact)

Describe efforts to locate victim:

Method 1:	Date:
Method 2:	Date:
Method 3:	Date:

Date Case Will Be Returned to DA File if Victim Not Located: _____

SECTION 3: NOTIFICATION CONTENT

Information Provided to Victim

I informed the victim of the following:

☐ **Program Explanation:**
"The Early Intervention Program is a diversion program. If the defendant completes the program successfully, the charges against him/her will be DISMISSED. If the defendant violates the program, the case will be prosecuted."

☐ **Victim's Right to Information:**
"You have the right to receive information about this program. You can tell us whether you support it, object to it, or have concerns."

☐ **Victim's Right to Participate:**
"You can request to be notified of key milestones in the case (completion, violation, dismissal)."

☐ **Victim Impact Statement Opportunity:**
"If you wish, you can provide a statement about how the crime affected you, and this will be considered in the decision about diversion."

☐ **Victim Safety Concerns:**
"If you have safety concerns, we want to know so we can include safety conditions in the program."

SECTION 4: VICTIM POSITION ON DIVERSION

Victim's Response to Diversion Offer

Check One Box Below:

☐ **VICTIM SUPPORTS DIVERSION**

- The victim indicated they support or do not object to the defendant entering the Early Intervention Program
- The victim understands this means charges will be dismissed if completed
- The victim is satisfied with the program

Victim's Reason(s) for Support: _____

☐ **VICTIM IS NEUTRAL / HAS NO OBJECTION**

- The victim has no objection to diversion
- The victim does not strongly support or oppose the program
- The victim is willing to participate if appropriate
- The victim did not voice concerns

Victim's Comment(s): _____

☐ **VICTIM OBJECTS TO DIVERSION**

- The victim expressed objection to the Early Intervention Program
- The victim wants the case prosecuted to trial
- The victim does not believe diversion is appropriate

Victim's Specific Reasons for Objection: _____

Reason 1: _____

Reason 2: _____

Reason 3: _____

Victim's Recommendation:

- ☐ Prosecute the case to trial
- ☐ Offer different conditions (describe): _____
- ☐ Require direct apology/accountability from defendant
- ☐ Other: _____

☐ **NO RESPONSE RECEIVED FROM VICTIM**

- Victim was notified but did not respond within [___] days
- Good faith efforts were made (see Section 2)
- Case will proceed based on prosecutor discretion

SECTION 5: VICTIM CONCERNS AND SPECIAL CONDITIONS

Victim Safety Concerns

Does victim express safety concerns?

- ☐ Yes
- ☐ No

If YES, describe:

Conditions Requested by Victim:

- ☐ No contact with victim (include in program conditions)
- ☐ Specific location restrictions (specify: _____)
- ☐ Restitution required (amount: $_____)
- ☐ Apology/acknowledgment of harm (method: _____)
- ☐ Counseling or treatment (type: _____)
- ☐ Other: _____

Victim Compensation/Restitution

Victim's Loss/Damage: _____

Type of Loss:

- [ ] Physical property damage
- [ ] Medical expenses
- [ ] Lost wages
- [ ] Other: _____

Amount of Restitution Requested: $ _____

Basis for Amount: _____

Documentation Provided:

- [ ] Yes
- [ ] No (Attach if available)

SECTION 6: ONGOING VICTIM CONTACT

Victim's Preferences for Program Notification

Does victim want to be notified of case milestones?

- [ ] Yes
- [ ] No

If YES, check which notifications victim requests:

- [ ] Notification if defendant is terminated from program
- [ ] Notification if defendant violates program rules (strikes issued)
- [ ] Notification of completion/dismissal when program successfully finished
- [ ] Notification of any new arrest or charges while in program
- [ ] Regular status updates (quarterly)
- [ ] Other: _____

Victim's Preferred Contact Method for Notifications:

- [ ] Phone: _____
- [ ] Email: _____
- [ ] Mailing address: _____
- [ ] Through victim advocate: _____
- [ ] Other: _____

Victim Advocate Assignment (if applicable)

Victim Advocate Name: Phone:

Victim Advocate Agency: _____

SECTION 7: PROSECUTOR EVALUATION

Prosecutor's Consideration of Victim Position

Prosecutor Name (Print): Title:

Date of Review: _____

Prosecutor's Decision:

☐ **APPROVE DIVERSION - Victim Consents**

- Victim supports or does not object to diversion
- Program may proceed
- Diversion offer will be made to defendant

☐ **APPROVE DIVERSION - Victim Objects But Extraordinary Circumstances Exist**

Describe extraordinary circumstances that justify overriding victim objection:

Note: Per O.C.G.A. § 15-18-80(d)(3), victim objection requires documented extraordinary circumstances to override.

☐ **DECLINE DIVERSION - Victim Objects**

- Victim objects to diversion
- No extraordinary circumstances documented
- Case will proceed to prosecution
- Victim will be notified of decision to prosecute

☐ **DECLINE DIVERSION - Other Reasons**

Describe reason(s):

Prosecutor's Signature

Prosecutor Signature: Date:

Printed Name: Badge/Bar #:

SECTION 8: DOCUMENTATION

Attach to This Form:

- ☐ Copy of written notification sent to victim
- ☐ Phone log documenting notification attempt(s)
- ☐ Voicemail or email transcript (if left for victim)
- ☐ Victim's written response (if provided)
- ☐ Documentation of victim's loss/damages
- ☐ Victim safety assessment (if completed)
- ☐ Other relevant documents: _____

SECTION 9: CERTIFICATION

I certify that victim notification was conducted in accordance with O.C.G.A. § 15-18-80(d) and that the victim's position has been fairly documented and considered in the diversion decision.

Prosecutor Signature: Date:

Victim Advocate Signature (if present): Date:

For Office Use:

File Location:

- ☐ DA File
- ☐ Court File
- ☐ Case Manager File

Case Manager Notified of Victim Concerns:

- ☐ Yes
- ☐ No

Victim Contact Information Updated in System:

- ☐ Yes
- ☐ No

END OF FORM 4