

DUI MEMORIAL SIGN PROGRAM

INSTRUCTIONS

To expedite the processing of your application, please submit a complete **DUI Memorial Sign Application Packet**, which includes items 1 thru 3 below.

1

Please complete the entire application, printing clearly. Sign where an original signature is required.

2

Please provide us with a police report that lists the name of each victim of homicide by vehicle due to a DUI crash.

3

Please provide a copy of the death certificate for each victim you are applying for. If applying for more than one victim, please fill out the Additional Victim Form.

4

Mail the complete application packet to
**Criminal Justice Coordinating Council,
DUI Memorial Sign 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 Program Advocates available to assist you.

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

**GEORGIA CRIME VICTIMS
COMPENSATION PROGRAM**
CRIMINAL JUSTICE COORDINATING COUNCIL



The DUI Memorial Sign Program honors victims of vehicular homicide caused by a DUI driver by providing funds to the Department of Transportation for the creation and placement of a memorial sign at, or in close proximity to the crash site.

PLEASE NOTE

-  The crime must be reported to law enforcement and the deceased must be a victim of homicide by vehicle caused by a violation of Code Section 40-6-391 (Driving Under the Influence statute).
-  The vehicular homicide must have occurred on any road that is a part of the state highway system in Georgia.
-  Only the next of kin of a victim of vehicular homicide caused by a person driving under the influence of alcohol or drugs may apply. The next of kin may be a spouse, child, sibling, parent, legal guardian, grandparent, step parent, step child or step sibling.
-  Deceased individuals that caused the homicide by vehicle crash are not eligible for the placement of a memorial sign.
-  The crime must have occurred on, or after, May 13, 2004.
-  If more than one victim was killed as a result of the DUI crash, you will need to complete the DUI Memorial Sign Additional Victim Form, which can be found on our website.
-  One sign or one sign and a plaque may be placed per vehicular homicide crash.
-  All memorial signs are standard signs, as set by state law, produced by the Department of Transportation and cannot be altered.
-  Memorial signs will remain erected for a period of five (5) years from the date of placement, at which time they will be removed by the Department of Transportation.

CRIME VICTIMS COMPENSATION PROGRAM

In addition to the Memorial Sign, 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

If you are interested in learning more about the Crime Victims Compensation Program, please contact us at 404-657-2222 or 800-547-0060.

DUI MEMORIAL SIGN

APPLICATION



104 Marietta Street
Suite 440
Atlanta, GA 30303

Office (404) 657-2222
Fax (404) 463-7652
Toll Free (800) 547-0060
TTY (404) 463-7650

www.crimevictimscomp.ga.gov

SECTION 1. VICTIM INFORMATION

Please provide information on the person who was killed as a result of the DUI crash. If there was more than one victim, please fill out the Additional Victim Form, found on our website. VICTIM'S NAME SHOULD BE WRITTEN AS WANTED ON THE SIGN.

Victim Name (First, Middle, Last)	Date of Birth (MM/DD/YY) / /	Social Security Number (or TIN)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
-----------------------------------	---------------------------------	---------------------------------	---

Relationship to Claimant:

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, was the victim a veteran? Yes No Was the victim disabled? Yes No

SECTION 2. CLAIMANT INFORMATION

Please complete this section if you are the victim's next of kin (i.e. spouse, child, sibling, parent/legal guardian, grandparent, step parent, step child or step sibling).

Claimant Name (First, Middle, Last)	Date of Birth (MM/DD/YY) / /	Social Security Number (or TIN)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
-------------------------------------	---------------------------------	---------------------------------	---

Street Address (including apartment #)	City	State	Zip Code
--	------	-------	----------

Best Contact Phone Number	Alternate Phone Number	Email Address
---------------------------	------------------------	---------------

How would you like to receive claim updates? Email 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 _____

Are you a veteran? Yes No Are you disabled? Yes No

SECTION 3. CRIME INFORMATION

Completing the below section is optional if you include a police report or incident report with your application.

Date of Crime (MM/DD/YY) / /	Agency Crime Reported To	Law Enforcement Case Number (if known)
---------------------------------	--------------------------	--

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 the Memorial Sign, 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. AUTHORIZATION

Please read carefully before signing the application.

I hereby understand that if this claim is approved for a memorial sign that all monies will be paid directly to the Department of Transportation by the Georgia Crime Victims Compensation Board. I understand by signing below that I am informing the Georgia Crime Victims Compensation Board that I am the next of kin, I have consulted with other immediate family members, and I am the family member authorized to request the placement of a memorial sign in memory of the above victim(s). Neither the Georgia Crime Victims Compensation Board nor the Department of Transportation are liable for any family disputes or litigation regarding the placement of memorial signs or memorial signs and plaques. I hereby authorize any law enforcement agency that has knowledge relative to my claim to furnish information to the Georgia Crime Victims Compensation Board.

X _____ Date (MM/DD/YY) _____/_____/_____

Claimant's Signature (Original Signature Required)

FOR OFFICIAL USE ONLY

This claim has been verified by the Criminal Justice Coordinating Council staff and the signature below certifies that the claim meets the eligibility requirements to have a DUI Memorial Sign placed on the behalf of the above victim.

Claims Investigator _____ Date (MM/DD/YY): ____/____/____

DUI MEMORIAL SIGN

ADDITIONAL VICTIM FORM



104 Marietta Street
Suite 440
Atlanta, GA 30303

Office (404) 657-2222
Fax (404) 463-7652
Toll Free (800) 547-0060
TTY (404) 463-7650

www.crimevictimscomp.ga.gov

SECTION 1A. VICTIM INFORMATION

Please provide the name of the person(s) killed as a result of the DUI crash that are not listed on the DUI Memorial Sign Application.

Victim Name (First, Middle, Last)	Date of Birth (MM/DD/YY) / /	Social Security Number (or TIN)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Claimant:			
Demographic Data (For Statistical Use Only)			
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White/Non-Latino/Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other Race _____			
If 17 or older, was the victim a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the victim disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 1B. VICTIM INFORMATION

Please provide the name of the person(s) killed as a result of the DUI crash that are not listed on the DUI Memorial Sign Application.

Victim Name (First, Middle, Last)	Date of Birth (MM/DD/YY) / /	Social Security Number (or TIN)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Claimant:			
Demographic Data (For Statistical Use Only)			
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White/Non-Latino/Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other Race _____			
If 17 or older, was the victim a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the victim disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 1C. VICTIM INFORMATION

Please provide the name of the person(s) killed as a result of the DUI crash that are not listed on the DUI Memorial Sign Application.

Victim Name (First, Middle, Last)	Date of Birth (MM/DD/YY) / /	Social Security Number (or TIN)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Claimant:			
Demographic Data (For Statistical Use Only)			
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White/Non-Latino/Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other Race _____			
If 17 or older, was the victim a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the victim disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 2. DATE OF CRIME

Please provide information on the DUI crash.

Date of Crime (MM/DD/YY) _____/_____/_____

SECTION 3. AUTHORIZATION

Please read carefully before signing the application.

I hereby understand that if this claim is approved for a memorial sign that all monies will be paid directly to the Department of Transportation by the Georgia Crime Victims Compensation Board. I understand by signing below that I am informing the Georgia Crime Victims Compensation Board that I am the next of kin, I have consulted with other immediate family members, and I am the family member authorized to request the placement of a memorial sign in memory of the above victim(s). Neither the Georgia Crime Victims Compensation Board nor the Department of Transportation are liable for any family disputes or litigation regarding the placement of memorial signs or memorial signs and plaques. I hereby authorize any law enforcement agency that has knowledge relative to my claim to furnish information to the Georgia Crime Victims Compensation Board.

X _____ Date (MM/DD/YY) _____/_____/_____

Claimant's Signature (Original Signature Required)

Print Claimant Name

FOR OFFICIAL USE ONLY

This claim has been verified by the Criminal Justice Coordinating Council staff and the signature below certifies that the claim meets the eligibility requirements to have a DUI Memorial Sign placed on the behalf of the above victim(s).

Claims Investigator _____ Date (MM/DD/YY): ____/____/_____