

Tami P. Colston
Office of the
Victim Witness Assistance Program
Rome Judicial Circuit

A Division of the Floyd County District Attorney's Office

Janet Burch
Director

Joseph S. Watkins
accused

I HEREBY REQUEST THAT I BE NOTIFIED OF THE FOLLOWING:

Any scheduled court proceedings involving the accused and notice of any changes to that schedule.

If the accused is convicted, any appeal or motion for new trial filed by the accused.

If the accused is convicted, the time and place of any appellate court proceedings relating to an appeal or motion for new trial, and any changes to the time or place of such a proceeding.

If the accused is convicted, the result of any appeal or motion for new trial.

If the accused is convicted and then granted a new trial, or if the case is returned to the trial court for any further proceedings, the time and place of any such proceedings, including any changes to the time and place of any such proceedings.

Please check or initial blanks.

Brianne Beasley
signature

address

Rome Ga. 30165

zip

Shirley Westmoreland

contact in case of an emergency

706-234-

phone (home)

706-368

phone (work)

706-234-~~88~~

contact number

01285



GEORGIA CRIME VICTIM IMPACT STATEMENT

*** To be completed by a victim or for a victim by a family member or attorney ***

Defendant's Name: Joseph S. Watkins

Crime: ASSAULT + Battery

Sentencing Date: _____

Date of Crime: Dec 24, 1999

Case Number: _____

County of Crime: Floyd

Information you give below may help the Prosecutor, Judge and Parole Board better understand how this crime has affected you and your family. If the Prosecutor gives this Statement to the Judge before sentencing, it will also be made available to the Defense Attorney and the Parole Board. If the Defendant enters a state prison, you can mail this statement to the Parole Board's Victims' Advocacy Office at the following address: 2 Martin Luther King, Jr. Drive, S.E., Atlanta, Georgia 30334. Your Impact Statement will become a permanent and strictly confidential part of the Parole Board's case file on the inmate. By completing the Impact Statement you will automatically receive early notification of any parole decision before it is ever made final. This will allow you the opportunity to voice your opinion about the possible parole of an inmate. For more information please call the Parole Board's Victims' Advocacy Toll-Free Hotline at 1-800-593-9474. It is your responsibility to notify the Parole Board of any mailing address changes.

Victim's Name: Brianne L. Scarber

Date of Birth: 6-6-82

Person other than victim completing statement: _____

Relation to Victim (family or attorney): _____

Reason victim did not complete form: _____

Mailing address of Statement Writer: _____

1. Please tell about the crime that was committed against you (or family member). I was talking with friends when Joey Watkins came up and was verbally abusing Chad Redden. He drew back his fist as if to strike Chad when I pulled at his shirt to get him to stop. He then punched me in the rib area. He left hurriedly through JPenny and the police were called.

2. Were you physically injured because of this crime? Yes If yes, tell the kind of injury and the extent of the injury. Tell how serious and how long the injury lasted or will last. _____

I received a blow to the stomach area -
The area was red and bruised, less than
48 hours.

3. Was medical treatment needed for your physical injury? NO If yes, tell about the treatment, Tell how long the treatment was or will be needed. _____

4. Were you or your family psychologically (emotionally) injured because of this crime? Yes If yes, tell how this injury has affected you or your family. (Psychological injury may include change of attitude or feelings, fear, change in lifestyle, emotional problems, etc.) _____

My family lives in fear that he will do something more drastic to me, like permanent bodily harm. My parents are afraid to let me go places by myself or even with friends. I never know when he will show up to cause trouble.

5. Have you or your family received or requested counseling or therapy because of this crime? yes If yes, tell how long you or your family have received or will receive counseling or therapy. _____

I am currently in Counseling with Dr. Robert
Connell and only he can predict how long
I will need it.

6. Has this crime affected your ability to earn a living? No If yes, tell how. How many days were lost from work? _____

7. Has this crime in any way affected your family relationships? yes If yes, explain. _____

My parents are afraid for me to be out
alone or with friends.

8. Please share any additional views you feel the Prosecutor, Judge and the Parole Board should be made aware of.

I'm just afraid for my life.

9. Have you had any expense or economic loss because of this crime? NO If yes, use the columns below to list them. For Court use and restitution purposes, please attach copies of bills and receipts.

Kind of Expense	Amount of Expense At This Time	Amount Paid By Insurance At This Time
<u>Medical/Hospital Treatment, Counseling, Victim or Family, Funeral/Burial, Other:</u>	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____

Kind of Loss	Value of Loss At This Time	Amount Paid By Insurance At This Time
<u>Property Stolen, Damaged, or Destroyed:</u> (Place "R" after <u>recovered</u> stolen item and do not list value in center column.)	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____

Number of Lost Work Days:	Lost Wages/Income:	
_____	\$ _____	\$ _____

Any Other Kind of Loss:		
_____	\$ _____	\$ _____

Expected Future Kind of Expense	Estimated Future Amount of Expense	Estimated Future Amount to be Paid by Insurance
_____	\$ _____	\$ _____
_____	_____	_____

NOTE: This Impact Statement is not a claim for State Crime Victim Compensation, for which application can be made on a form from the Governor's Criminal Justice Coordinating Council, phone (404) 559-4949.

Total of Present and Estimated Future Expenses and Losses = \$ _____
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Total of Present and Estimated Future Amounts from Insurance = \$ _____

10. Tell about any other change in your personal welfare or other problem you or your family have experienced because of this crime. previously stated.

This Statement is signed and affirmed as true under the penalties of perjury.

Signature Brigette Barber

Date 2-1-00