



VALDOSTA POLICE DEPARTMENT

COLEMAN-BAKER ACT REQUEST

REQUESTOR INFORMATION

First Name: *(required)*
 Last Name: *(required)*
 Relationship to Victim: *(Check one - required)*

- Child
- Grandparent
- Grandparent-in-law
- Parent
- Parent-in-law
- Sibling
- Spouse
- Stepchild
- Exercised in loco parentis control over a victim under the age of 18 years
- Designated attorney in good standing with the State Bar of Georgia
(retained by one of the above classifications of persons)

Street Address 1: *(required)*
 Street Address 2:
 City: *(required)*
 State: *(required)*
 Zip Code: *(required)*
 Phone Number:
 E-mail:

VICTIM INFORMATION

First Name: *(required)*
 Last Name: *(required)*
 Date of Death (Approximate): *(required)*
 Place of Death: *(required)*
 Date of Birth:
 VPD Case Number:

OTHER INFORMATION

(if applicable)
 If a Coleman-Baker Act application has been submitted (other than to VPD), when was it submitted and to what agency?

Date submitted:
 Agency:

SUBMISSION

PLEASE COMPLETE THE REQUIRED FIELDS AND SUBMIT THE APPLICATION BY E-MAIL OR BY MAILING THE PRINTED FORM TO:

VALDOSTA POLICE DEPARTMENT
 c/o CMDR. STEPHEN THOMPSON
 500 N. TOOMBS STREET
 VALDOSTA, GA 31602
STHOMPSON@VALDOSTACITY.COM