

**Coleman – Baker Act
O.C.G.A. 17-21-3
Cold Case Request Form**

Requestor Information

Name of Requestor (Required)

First

Last

Requestor Relationship to Victim (Required)

Email Address (Required)

Telephone Number (Required)

Street Address (Required)

City (Required)

State (Required)

Zip Code

Victim Information

Victim Name (Required)

First

Last

Date of Death (Approximate) (Required)

Place of Death (Required)

Date of Birth

(Agency Name) Case Number

If Coleman – Baker Act application has been submitted, other than (Agency Name) when was it submitted and to what agency?