

Office of the District Attorney \* Cobb Judicial Circuit

Crime Victim Impact Statement

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

Defendant's Name: JUSTIN ROSS HARRIS

Case Number: 14-WD-5669

Date of Crime: JUN-18-2014

County of Crime: COBB

Crime: CRUELTY TO CHILDREN-2ND DEG, MURDER FELONY

The information provided may help the Prosecutor and Judge better understand how this crime has affected you and/or your family. Please note that this form may be made available to the Attorney for the Accused (defendant) for review. If you request, your address and/or phone number may be kept confidential to the extent allowed by law.

Victim Name:	Leanna Harris
Person other than victim completing statement:	With help from my attorney
Relation to Victim (family, friend, attorney, etc):	Self
Reason Victim did not complete form:	
Mailing address of Statement Writer:	
Contact Number(s):	

1. Please explain how this crime has affected you (or your family member):

The death of my son is still unreal. Not a moment goes by when I don't think about him or what our future would have held. The amount of grief this has caused is indefinable, it cannot be explained in words or emotions. I now live a tortured existence. I depend on my Lord for strength and guidance.

2. Were you physically injured by this crime? ☒ NO ☐ YES. If yes, explain the injury and detail the extent of its effect. Also, how serious was the injury and how long may it last?

3. What medical treatment was/is needed for your physical injury? How long did/will treatment last?

See #2 above. The only treatment I have received is counseling for grief and depression

4. Please explain any emotional affects you may have experienced because of this crime. How has this affected you and/or your family? (may include change of attitude/feelings, fear, change in lifestyle, emotional problems, etc).

Whatever issues that transpired in our marriage is between God and us, for He will judge those moral sins. The rush to judgement by the public and the mainstream media has left me with little confidence in our legal system and our society.

5. If you or your family received or requested counseling or therapy because of this crime explain who needed it and for how long.

I am in counseling as stated above. I have a lot of support from family and friends and my faith in God. I have been seeing a counselor for my grief due to the loss of both my child and my husband. Treatment will likely last the rest of my life.

6. If this crime has affected your ability to earn a living, explain how and include the number of days lost from work.

I had to transfer my job to Alabama. My return to work has been delayed due to the media hounding me. I did lose a consulting job I have had in Alabama for four years due to the media. As of 8/1/14 I have been out of work 43 days.

7. If this crime affected your family relationships in any way please explain.

The storm around my family has prevented us from grieving the right way, if there is a right way. Some days I completely break down because I miss my baby and my family so much. August 2nd would have been my precious boy's 2nd Birthday.

8. Please share any additional information you want taken into consideration by the Prosecutor and/or the Judge.

Ross was a wonderful father, and he loved Cooper with all of his heart. Because I saw how he treasured our little boy for 22 months, I know without a doubt he would never have knowingly allowed any harm to come to our son. I want you to know what a loving father he was.

9. Explain any other changes in your personal welfare or other problems you or your family have experienced because of this crime.

See above

PLEASE REFER TO THE VICTIM IMPACT RESTITUTION FORM TO DETAIL ANY FINANCIAL LOSSES ASSOCIATED WITH THIS CRIME.

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

Signature:

Date:

Print Name:

NOTE: upon disposition of the case, if the Defendant is sentenced to serve time in the State Prison System, you may request that this office provide a copy of this form to the Georgia Corrections and Parole Board, Office of Victim Services for its review.

Please mail this completed form to:  
Office of the District Attorney / Victim Witness Unit  
70 Haynes Street \* Marietta, GA 30090

Please attach additional pages as necessary should you need more space in answering any question above.