

RESTITUTION RECOVERY FORM

RESTITUTION MAY ONLY BE ORDERED IN CASES WHERE EVIDENCE IS SHOWN TO THE COURT OF ACTUAL EXPENSES THE VICTIM HAS INCURRED BECAUSE OF THE CRIME. YOU MUST BE ABLE TO PROVIDE LEGITIMATE DOCUMENTATION THAT SHOWS THE AMOUNT OF THE LOSS (I.E. BILLS, INSURANCE STATEMENTS, PAY STUBS, ETC.) THE COURT MAY NOT BE ABLE TO ORDER RESTITUTION FOR LOSSES THAT DO NOT HAVE SUFFICIENT DOCUMENTATION. EACH ITEM AND ITS SPECIFIC COST MUST BE LISTED.

Defendant's Name: _____

CASE NO: _____

Victim's Name and Address: _____

Victim's Phone Number: _____ Text Allowed: YES NO Email: _____

Alternate Contact: _____

Personal Property Loss / Stolen Property: DO NOT LIST ITEMS THAT HAVE BEEN RECOVERED AND UNDATED

List type of damage and attach estimates (e.g. cash, wallet, stolen property, etc.)

ITEM: _____ \$ _____ ITEM: _____
ITEM: _____ \$ _____ ITEM: _____
ITEM: _____ \$ _____ ITEM: _____
TOTAL AMOUNT OF LOSS: \$ _____

Property Damage: List type of damage and attach two estimates (e.g. home, car, etc.)

ITEM: _____ \$ _____ ITEM: _____
ITEM: _____ \$ _____ ITEM: _____
ITEM: _____ \$ _____ ITEM: _____
TOTAL AMOUNT OF LOSS: \$ _____

Personal Injury: List and attach copies of medical bills and prescriptions

ITEM: _____ \$ _____ ITEM: _____
ITEM: _____ \$ _____ ITEM: _____
ITEM: _____ \$ _____ ITEM: _____
TOTAL AMOUNT OF LOSS: \$ _____

Out of pocket expenses related to crime: Attach receipts

ITEM: _____ \$ _____ ITEM: _____
ITEM: _____ \$ _____ ITEM: _____

ITEM: _____ \$ _____ ITEM: _____

\$ _____

TOTAL AMOUNT OF LOSS: \$ _____

INSURANCE INFORMATION

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1. Do you have insurance coverage? YES NO If yes, what is your deductible? \$ _____
 2. Did you submit a claim through your insurance carrier? If no, why?

 3. Have you received or expect to receive ANY compensation related to this crime? _____
 4. Name and address of your insurance carrier: _____
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I hereby authorize the use of any information I have provided to recover restitution, including release of medical records or related information.

Date: _____

Victim/Claimant Signature:

YOU MUST PROVIDE EACH ITEM'S SPECIFIC COST AND PROVIDE DOCUMENTATION PROVING THE COST. YOU MUST INDICATE WHAT HAS BEEN COVERED BY INSURANCE.