

Restitution Claim Form

County:	File Number:
Defendant:	Offense Charged:

1. If you would like the court to consider restitution, please list any expenses that were a direct result of this crime such as medical bills, counseling, damaged or stolen property, lost wages or funeral expenses. **Please attach bills, receipts, estimates or supporting documentation to verifying your claim.**

	\$ _____

TOTAL: \$ _____

2. Did you apply for Crime Victim's Compensation? YES NO
3. Did you submit a claim to Medical, Property, Auto or Homeowners Insurance? YES NO
If yes, please attach the explanation of benefits showing your deductible and the amount insurance paid.

4. Your name and address where payments should be mailed if restitution is ordered and collected:

Your Name: _____

Address: _____

City, State Zip: _____

Phone: _____

5. I declare under penalty of law that the above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____