

RESTITUTION CLAIM FORM

Defendant or Juvenile:
Our File:
Attorney:

Name of Victim: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (_____) _____ Work Phone: (_____) _____

Please list the damage sustained and itemize its cost. Attach supporting documentation verifying your claim. Forward photocopies of any documents you want to keep since they cannot be returned to you. If there is not enough space provided below attach a separate piece of paper.

<u>DESCRIPTION OF ITEM AND/OR DAMAGE</u>	<u>VALUE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Amount of Request _____

If the loss was covered by insurance, complete the following. If the loss was not covered, write "NONE" in the blank.

INSURANCE COMPANY: _____
ADDRESS: _____
ADJUSTOR'S NAME: _____
TELEPHONE NUMBER: _____
THE AMOUNT OF YOUR DEDUCTIBLE: _____
ADDITIONAL INFORMATION : _____

I declare the foregoing to be true and correct under a penalty of law.

Date: _____ Signature: _____