

4. RECOVERED PROPERTY: If police recovered your property, list item and mark whether it was returned to you. If the recovered item was damaged - please note that in this section. Attach additional pages, if needed.

Item	Returned?		After sentencing, call the District Attorney's Office to get your property released	
	Yes	No		

5. LOSSES: In this section, list the costs you had because of this crime. Attach copies of bills, receipts, estimates, payroll check stubs, and/or a full explanation to prove your loss. Attach additional pages as needed. If you don't attach receipts or proof of payment and/or a full explanation of the costs, we can't ask the Court to include it in restitution. Feel free to call if you have any questions.

Description of Loss	Amount you Paid

6. CLAIM FOR RESTITUTION: Please print your total costs in the box below, taking into consideration items recovered (if any). *Send back the completed form- we can't ask the Court for restitution unless you send us back a Victim Impact Statement.* Remember to include copies of your receipts, invoices, estimates, payroll check stubs and/or a full explanation to prove your loss. The defendant has the right to challenge your restitution amount and can request a restitution hearing. If there is a hearing, you will be asked to testify.

<input type="checkbox"/> YOU ARE ASKING FOR RESTITUTION IN THE AMOUNT OF \$ _____ OR <input type="checkbox"/> YOU ARE NOT ASKING FOR RESTITUTION
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IMPORTANT INFORMATION:

1. A copy of this statement will be sent to the Court, defendant/or defense counsel, and the District Attorney.
2. Let us know immediately whenever your address changes, even after the case is closed. If restitution is ordered, it is normally paid in small monthly payments over a long period of time. Sometimes, restitution is paid years after sentencing and we'll need a good address.
3. Keep a copy of this form and attachments!

CERTIFICATION AND RELEASE:

I do hereby swear that the above information is true and correct to the best of my knowledge and belief. Further, I authorize release of information by the above-named insurance companies/medical providers to the 18th Judicial District Attorney's Office for purposes of establishing restitution.

Signature _____ Date _____

Printed Name _____ Title _____

Phone Number(s) Where I Can Be Reached:

Daytime _____ Evening _____

Cell _____

A COPY OF THIS FORM WILL BE PROVIDED TO THE DEFENDANT/DEFENSE ATTORNEY