

STATE OF ALABAMA

VS.

DEFENDANT: \_\_\_\_\_

**RESTITUTION RECOVERY FORM**

I am the victim in the above styled case. As a result of the Defendant's criminal action I have suffered losses and request the District Attorney's office seek restitution on my behalf as setout below:

- 1. Medical expenses (invoices/receipts attached) ..... \$ \_\_\_\_\_
  - 2. Property expenses (replace, repair, clean, etc.) ..... \$ \_\_\_\_\_
  - 3. Work missed (pay per hour ) ..... \$ \_\_\_\_\_
  - 4. Travel to Court ..... \$ \_\_\_\_\_
  - 5. Funeral expense ..... \$ \_\_\_\_\_
  - 6. Insurance deductible ..... \$ \_\_\_\_\_
  - 7. Other expenses (itemized copy attached) ..... \$ \_\_\_\_\_
- TOTAL** ..... \$ \_\_\_\_\_

I certify that this is a true and accurate statement and I understand that I may be required to testify under oath concerning the amount of restitution requested.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Restitution will be mailed to the information provided below:

**Individual Victim:**

**OR**

**Business Victim:**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Business Name (Please Print)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

