

Please return as soon as possible.

## RESTITUTION CLAIM FORM

Page 1

Defendant	Case or JV #	OTN #

Name of victim submitting claim: \_\_\_\_\_

Please use this form to list any expenses you have incurred or paid as a result of this crime. Some sections may not apply to you. **Please attach copies of bills, receipts, estimates of value, replacement costs, or other evidence of costs to this form.** Attach additional pages as necessary.

**\*\*IMPORTANT\*\* All Restitution Claim Forms and Victim Impact Statements must be returned to the Crime Victims' Program PRIOR to the sentencing date of the defendant.**

☐ If you have **NO LOSS**, check this box and sign at the bottom of this page.

### Description of Loss

(Do not list undamaged property that was returned to you or losses covered by insurance.)

### Amount


Add additional pages if necessary

TOTAL LOSS \$ \_\_\_\_\_

Do you anticipate future expenses due to this crime?

YES NO

Signature of Victim: \_\_\_\_\_ Date: \_\_\_\_\_

Attention: If financial obligations/restitution is ordered in your case, please be aware that these amounts could be modified at future hearings.

Please continue on page 2 →

## RESTITUTION CLAIM FORM

Page 2

Defendant	Case or JV #	OTN #

### **PROPERTY LOSS**

Has the **offender(s)** returned any property or money to you? YES NO

Please list: \_\_\_\_\_

Do you have property being held by a Police Department? YES NO

Please list: \_\_\_\_\_

Did the police return any property to you? YES NO

Please list: \_\_\_\_\_

### **INSURANCE INFORMATION**

Did the **offender(s)** insurance cover any of your expenses? YES NO

Amount paid to you by **the offender's** insurance company: \$ \_\_\_\_\_

Have you received or do you expect to receive any payments from **YOUR** insurance?  
(Auto, Property, Homeowners, Renters, Medical) YES NO

If so, please complete this section:

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Contact Person \_\_\_\_\_

Policy Number \_\_\_\_\_ Claim Number \_\_\_\_\_

Amount paid by insurance company \$ \_\_\_\_\_

(Deductible can be claimed as a loss on page 1)

### **CRIME VICTIMS COMPENSATION ASSISTANCE PROGRAM (VCAP)**

Have you applied for Crime Victims Compensation? YES NO

Have you received any payments from Crime Victims Compensation? YES NO

Claim # \_\_\_\_\_ Amount paid by Crime Victims Comp to date \$ \_\_\_\_\_

If you have not filed for Crime Victims Compensation benefits and would like to receive further information on requirements for filing a claim, please contact the Warren County Crime Victims' Program at (814) 728-3468 or (814) 728-3458