

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

### Amount

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

**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 →

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## 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