

RESTITUTION CLAIM FORM

Defendant or Juvenile:

Our File:

Attorney:

Name of Victim: _____

Address: _____ City: _____ State: _____ Zip _____

Home Phone: (____) _____ Work Phone: (____) _____

Please use this portion of the form to list any expenses you have had or paid as a direct result of this crime. Some of the sections may not apply to you. **Attach copies of bills, receipts, estimates of value, replacement costs, other evidence or supporting documentation verifying the claim of the costs listed below.** Please attach additional pages as necessary.

A. Crime Related Costs

1. List any personal belongings or personal property lost, destroyed or damaged as a direct result of this crime and the value. This would include damage to your home, business or other real estate. (Examples of losses are: loss or damage to personal belongings such as televisions, clothing, jewelry, and automobiles.)

_____ \$ _____
_____ \$ _____
_____ \$ _____

2. List any medical expenses incurred as a direct result of this crime. (You may wish to include expenses for doctors, medications, hospital stays, physical or occupational therapy, counseling, medical supplies, wheelchair rental, glasses, hearing aids, etc.)

_____ \$ _____
_____ \$ _____
_____ \$ _____

3. List any other expenses incurred as a direct result of this crime. (Examples are: lost wages, funeral expenses, etc.).

_____ \$ _____

Total of Crime Related Costs \$ _____

B. Money you were paid by Insurance, Victim Compensation or Other Sources (Attach copies of receipts or insurance payments.)

1. If you have already or expect to receive any payments or benefits from the sources below, please indicate any amounts received, name of insurance company, claim number and deductible amount.

Property, Auto or Homeowners Insurance

\$ _____

Name of Company _____ Claim No. _____
Deductible \$ _____

Address: _____ Phone Number _____

Medical Insurance \$ _____

Name of Company _____ Claim No. _____
Deductible \$ _____

Address: _____ Phone Number _____

Other (list sources and amount and please use additional paper if necessary.)

\$ _____

2. Have you applied for Crime Victim Compensation benefits? Yes _____ No _____
If you received any compensation as a result of your claim, please list the amount.

\$ _____

**If you have not filed for Crime Victim Compensation benefits and would like to receive further information on requirements for filing a claim, please contact:*

Crime Victims Compensation Program, P.O. Box 5521, Bismarck, ND 58506-5521
1-800-445-2322

Total Money Received from Insurance, Crime Victim Compensation & Other Sources

\$ _____

Please write any additional information you would like the Court to know about the money this crime has cost you.

I declare under penalty of law that the above information is true and correct to the best of my knowledge.

Date _____

Signature _____