RESTITUTION CLAIM FORM

Defendant or Juvenile:
Our File:
Attorney:

Name of Victim:_____

Address:_____ City:_____ State:_____ Zip:_____

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

Please list the damage sustained and itemize its cost. **Attach** supporting documentation verifying your claim. Forward photocopies of any documents you want to keep since they cannot be returned to you. If there is not enough space provided below attach a separate piece of paper.

DESCRIPTION OF ITEM AND/OR DAMAGE	VALUE

If the loss was covered by insurance, complete the following. If the loss was not covered, write "NONE" in the blank.

INSURANCE COMPANY:_____

ADDRESS:_____

ADJUSTOR'S NAME:_____

TELEPHONE NUMBER:_____

THE AMOUNT OF YOUR DEDUCTIBLE:_____

ADDITIONAL INFORMATION:_____

_____

I declare the foregoing to be true and correct under a penalty of law.

Date:_____ Signature:_____