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
Total Amount of Request	

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:_____