

RESTITUTION WORKSHEET 4182 R6

THIS INFORMATION IS NOT CONFIDENTIAL

Court Date: _____
 Victim: _____
 Address: _____
 Zip Code: _____
 Phone: _____ Work: _____

Case Number: _____
 Defendant: _____
 Charge: _____
 Read-in Charge: _____
 V/W Specialist: _____

*****INCLUDE COPIES OF ANY RECEIPTS YOU MAY HAVE*****

Property Loss (items stolen) out-of-pocket-expense*	Value
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
TOTALS \$ _____	

*Items not reimbursed by insurance.

Damages (broken window, auto repair cost, etc.) out-of-pocket-loss*	Cost
1. _____	_____
2. _____	_____
3. _____	_____
TOTALS \$ _____	

*Items not reimbursed by insurance.

Miscellaneous Losses (car rental, lodging, lost wages, etc.) out-of-pocket-expense*	Cost
1. _____	_____
2. _____	_____
TOTALS \$ _____	

*Items not reimbursed by insurance. Need proof of lost wages from employer.

Medical Expenses*	CVC	Cost
	Y N	
1. _____		_____
2. _____		_____
3. _____		_____
TOTALS \$ _____		

*Include expenses reimbursed by Crime-Victim Compensation and check CVC box. Do not include expenses paid by insurance.

If some or all of your losses were covered by auto, homeowner's or renter's insurance, what was your **total** deductible(s): \$ _____

Insurance Company Name(s)/Agents: _____

Total amount of restitution owed to **you** (total of all items that were not covered by insurance or Crime Victim Compensation plus any deductible(s): \$ _____

I believe this information to be true and correct.

 Signature of Victim _____
 Date