## **VICTIMS RESTITUTION STATEMENT**

Defendant:	Case No.
PROPERTY TAKEN AND NOT REC	COVERED, DATE PURCHASED, PURCHASE COST
PROPERTY DAMAGED AND/OR	REPAIR COST:
OTHER LOSSES:	
	TOTAL
Did insurance cover any of the da	mages? Yes No
Amount of deductible:	Amount insurance paid
Your total out of pocket expense of	due to this crime?
is true and correct and recognize	hereby certify that all of the information on this form that I may have to testify in court under oath, and rning the information I have provided on this form.
Dated this day of	2014.
	-
Signature	— Name of Business (if victim)
	_

/Work Number
,

Attach documentation demonstrating amounts (receipts, estimates, and misc.)

## ATTACHMENT A