

RESTITUTION CLAIM FORM

File Number: _____

Date submitted : _____

Defendant: _____

Deputy Prosecutor: _____

Because you were the victim of a property or bodily injury crime, you may have suffered some loss which, under certain circumstances, the Court may order the Defendant to repay. Please call if you have any questions.

Please complete the information below and return or fax this form to:

**Allen County Prosecutor's Office
602 South Calhoun Street
Third Floor Keystone Building
Fort Wayne, IN 46802
Attn: April Snyder
Office # 260-449-7641/Fax # 260-449-3273**

RECEIPTS OR PROFESSIONAL ESTIMATES MUST BE INCLUDED FOR THE COURT TO CONSIDER ANY LOSS

- 1. Loss and/or expenses resulting from the offense:
 - A. Total value of property stolen: \$ _____
 - B. Total value of property damaged (cost to repair): \$ _____
 - C. Total medical and/or counseling expenses incurred: \$ _____
 - D. Total loss of wages: \$ _____
 - E. Your insurance deductible: \$ _____
 - F. **YOUR ACTUAL LOSSES: (A+B+C+D+E = F)** \$ _____
- 2. Insurance Reimbursement:
 - A. Total paid by your insurance company: \$ _____

If you did receive insurance reimbursement, please include the following information:

Insurance Company: _____ Agent: _____
 Address: _____ Phone: _____
 Policy Number: _____ Claim Number: _____

- 3. **YOUR TOTAL CLAIM FOR RESTITUTION:** \$ _____
 (Your loss minus insurance reimbursement)

**PLEASE RETURN THIS INFORMATION AS SOON AS POSSIBLE,
SO THAT THE COURT MAY CONSIDER YOUR CLAIM PRIOR TO SENTENCING.**

CERTIFICATION

I hereby certify, under the penalties for perjury, that the above representations are correct to the best of my knowledge.

Signature of Victim, Guardian, or Representative

Address

Printed name of Victim, Guardian, or Representative

Daytime Telephone Number