

Commonwealth vs. (Defendant Name) _____, Docket # _____

RESTITUTION CLAIM FORM

Restitution can be requested for things like stolen property, property damage, medical expenses, counseling, etc. (Pain and suffering, loss of value, or interest payments cannot be claimed as restitution.)

Please provide a description and value for all requests, feel free to use the back if more space is needed. Please submit copies of bills, invoices, receipts, repair estimates, etc.

Item	Amount \$
_____	_____
_____	_____
_____	_____
_____	_____

Have you or will you file a claim with Victims Compensation Assistance Program? _____

******Please note that if you receive a Victims Compensation award and then also receive restitution for the same expense, you must reimburse Victims Compensation******

Were your losses covered by insurance? If so, please provide the following:

Company Name:

Address:

Phone:

Policy #:

Claim #:

Deductible Amount \$ _____ Amount of Claim \$ _____

Amount paid by insurance company: \$ _____

Whose insurance company issued a payment? Victim Defendant

Signature: _____ Date: _____

Thank you for your time and consideration. Please return this form as soon as possible to the Victim/Witness Program.