

# RESTITUTION

Victims of crime may request to be fully compensated by the perpetrator(s) in the form of restitution. Restitution is limited to the actual “out-of-pocket” expenses either paid or incurred as a direct or indirect result of the defendant’s criminal activities.

This does **not** include “**pain and suffering**”, “**mental anguish**”, and “**future losses**”, which are civil questions. With the assistance of a private attorney, victims have the legal right to pursue a civil suit simultaneously with the criminal case, if they so choose.

In order to claim restitution from the offender, the victim **must** provide the District Attorney’s Office with an Affidavit of Losses AND copies of all necessary documentation (medical bills, repair bills, etc.) in a timely basis prior to the Grand Jury hearing. Listed below are the instructions for completing the necessary paperwork.

## AFFIDAVIT OF LOSSES INSTRUCTION SHEET

### SECTION 1: Medical Expenses

Include cost of prescription drugs, ambulance fees, hospital, laboratory and doctor visits. Copies of receipts and bills must be attached.

1. Description – Write the name of the agency providing the service on these lines (i.e., name of hospital, name of doctor, name of lab, etc.). If there are not enough lines, continue on page 2 (3. Other Expenses/Comments) or include a separate sheet.
2. Amount – Write the total amount of the bill for service on line corresponding with description (name of agency).

### SECTION 2: Property Damage

Attach documentation, estimates, or bills when available.

1. Item – Write the name of the item damaged during this crime (i.e., car, house, stolen property or money, etc.).
2. Description of Damage – Briefly describe the damage which occurred to the item on the corresponding line (i.e., car wrecked, purse stolen, doors or windows broken, etc.).
3. Cost (replace, repair or clean) – Write the amount of the cost to replace, repair or clean the item damaged.

### **SECTION 3: Other Expenses/Comments**

In this section, list any other expenses or loss which you incurred due to this crime (i.e., towing charges, replacement of personal items, documents, loss of wages, etc.).

#### Description:

1. Item – Describe loss and associated expenses. If there are not enough lines, include a separate sheet.
2. Number of Days Missed – Calculate this sum by multiplying your daily rate of pay (net after taxes) by the number of days you were out of work due to medical reasons as a result of this crime. **Do not** list this if you were paid by your employer, whether it is sick time or vacation time. If there are not enough lines, include a separate sheet.
3. List the name of your employer and the address. If there are not enough lines, include a separate sheet.

### **SECTION 4: Expenses or Losses Recovered**

If you recovered any property or were reimbursed for any loss by your medical or homeowners or auto insurance, list the value of the property recovered or the amount reimbursed to you.

### **SECTION 5: Restitution**

#### **Total Amount Lost:**

List the total amount lost by you, including the value of any property not recovered, as well as any actual cash lost.

#### **Total Amount Recovered:**

List the total amount of the value of any property or cash recovered or reimbursed to you by any insurance coverage.

#### **Total Restitution Due:**

Subtract Line 2 from Line 1. This is the total amount of unrecovered expenses due to you.

### **SECTION 6: Affidavit**

Sign the affidavit and give your current address and telephone number. Date the form and have your signature notarized. Notary services are available at any local bank.

# AFFIDAVIT OF LOSSES

VICTIM NAME \_\_\_\_\_

DEFENDANT NAME(S) \_\_\_\_\_

COURT CASE NUMBER(S) \_\_\_\_\_

## 1. MEDICAL EXPENSES

| DESCRIPTION                   | AMOUNT   |
|-------------------------------|----------|
| _____                         | \$ _____ |
| _____                         | \$ _____ |
| _____                         | \$ _____ |
| _____                         | \$ _____ |
| _____                         | \$ _____ |
| _____                         | \$ _____ |
| <b>Total Medical Expenses</b> | \$ _____ |

## 2. PROPERTY STOLEN OR DAMAGED

| ITEM & DESCRIPTION OF DAMAGE            | COST<br>(replace, repair, clean) |
|---|----------------------------------|
| _____                                   | \$ _____                         |
| _____                                   | \$ _____                         |
| _____                                   | \$ _____                         |
| _____                                   | \$ _____                         |
| _____                                   | \$ _____                         |
| _____                                   | \$ _____                         |
| <b>Total Property Stolen or Damaged</b> | \$ _____                         |

**3. OTHER EXPENSES/COMMENTS**

**DESCRIPTION**

**AMOUNT**

|                             |          |
|-----------------------------|----------|
| _____                       | \$ _____ |
| _____                       | \$ _____ |
| _____                       | \$ _____ |
| _____                       | \$ _____ |
| _____                       | \$ _____ |
| _____                       | \$ _____ |
| <b>Total Other Expenses</b> | \$ _____ |

**4. EXPENSES OR LOSSES RECOVERED**

|  |          |
|--|----------|
| <b>Total Value Property Recovered</b>  | \$ _____ |
| <b>Total Value Insurance Recovered</b> | \$ _____ |
| <b>Total Recovery to Victim</b>        | \$ _____ |

**5. RESTITUTION**

|                               |          |
|-------------------------------|----------|
| <b>Total Amount Lost</b>      | \$ _____ |
| <b>Total Amount Recovered</b> | \$ _____ |
| <b>Total Restitution Due</b>  | \$ _____ |

**6. AFFIDAVIT**

I hereby certify that the above answers are true and accurate. I understand that a false statement or answer to any question in this affidavit will subject me to penalties for perjury.

\_\_\_\_\_  
(Signature)

Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
(Notary)