

CRIME RELATED FINANCIAL WORKSHEET

Defendant's Name _____ Case No. _____

If you have paid or have any outstanding debt because of this crime, please complete this form. It is important to be as accurate and thorough as possible so that we may assist you in the recovery of your restitution (if possible). Supporting documentation of any bills, out of pocket expense or future related expenses must also be submitted. The Court may not grant restitution if proper documentation of your loss is not provided.

1. Itemized list any personal belongings or personal property that was lost, stolen or damaged along with the loss that was incurred because of this crime. This would include damage to your home, business. Example of losses include but not limited to personal belongings, televisions, electronics, jewelry, clothing, or automobile. You may include expenses for the repair or replacement of locks, securing of your property and/or crime scene clean up.

\$ _____

2. List any medical out of pocket expenses incurred because of this crime that was not covered by insurance. This includes but is not limited to co-pays, medication, hospital stays, physical or occupational therapy, counseling, medical supplies, wheelchair rental, glasses, hearings aids, etc.

\$ _____

3. Please describe any anticipated future medical or counseling expenses and estimated costs. (Any future expenses incurred AFTER the disposition of this case may be collected through small claims action.

\$ _____

4. If you suffered lost wages because you were unable to work as a result of this crime due to physical therapy visits, required court appearances, you must provide a letter from your employer on company letterhead verifying the dates, hours missed, and amount of lost wages.

\$ _____

If an insurance claim has been submitted to your insurance company, please submit a copy of your insurance declaration page confirming your deductible. If an insurance claim was NOT submitted, the court must know the reason why or restitution may not be ordered. **If so, what was your deductible ?** _____

If you are a victim of fraud has your financial institution compensated, you for your loss? _____

We cannot recover funds expended to you by your insurance company for your insurance company.

TOTAL RELATED COSTS \$ _____

IF NEEDED, PLEASE SUBMIT ADDITIONAL ITEMIZED PAPERWORK TO DOCUMENT YOUR LOSS.

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