

RESTITUTION FORM

STATE OF IDAHO v.
CASE NUMBER:

VICTIM(S):

PROPERTY TAKEN (Include bad checks, fraud, forgery, etc.)				
Items	*Market Value	Purchase Date and Cost	Replacement Cost	Covered by Insurance (yes or no)
				[] yes [] no
				[] yes [] no
				[] yes [] no
				[] yes [] no
				[] yes [] no
				[] yes [] no
				[] yes [] no
				[] yes [] no
				[] yes [] no
				[] yes [] no

*Market Value is your estimate of what the item could have been sold for at the time it was taken, damaged or destroyed.

PROPERTY DAMAGE (Broken Window, damaged automobile, etc.)		
ITEMS: Describe Damage	Cost to Repair	Covered by Insurance (yes or no)
		[] yes [] no
		[] yes [] no
		[] yes [] no
		[] yes [] no
		[] yes [] no
		[] yes [] no
		[] yes [] no
		[] yes [] no
		[] yes [] no

*Please include supporting documentation for damages such as invoice and/or estimate.

MEDICAL/COUNSELING EXPENSES			
BUSINESS/PHYSICIAN	Description of Services	Cost	Covered by Insurance (yes or no)
			[] yes [] no
			[] yes [] no
			[] yes [] no
			[] yes [] no
			[] yes [] no
			[] yes [] no
			[] yes [] no
			[] yes [] no
			[] yes [] no
			[] yes [] no

*Please attach copies of bills, receipts, estimates, and/or an explanation of benefits if insured.

NOTE: If you are the victim of a violent crime, the *Crime Victim Compensation Program* may cover all or part of your expenses. You may wish to contact the Victim/Witness Administrator at the Prosecuting Attorneys Office at (208) 446-1800 if an application was not included in your packet and you would like to inquire.

LOST WAGES

If any time was lost from your work and it was directly related to the criminal act, please complete this form. ***Official records may be requested of days lost from your employment that include your regularly scheduled work hours and your rate of pay.

Employer: _____
Address: _____
City: _____ Phone: _____
Job Title: _____
Wages:\$ _____ per _____

Supervisor or person to contact for verification: (Please include an address or phone number where he/she may be reached).

Please complete this section if you have been or will be covered by insurance for any part of your loss.

Insurance Company/Agent: _____
Address: _____ Phone: _____
What is your total claim? \$ _____
What is the amount of your deductible? \$ _____
What payment have you or will you receive from your Insurance Company? \$ _____

I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATED this _____ day of _____, 20_____

NAME

ADDRESS

HOME AND WORK PHONE