

# ITEMIZED PROPERTY LOSS/DAMAGE

DEFENDANT:		<b>VICTIM'S NAME:</b>
DISTRICT COURT #:		
CIRCUIT COURT #:		

A:	PROPERTY STOLEN AND <u>NOT</u> RECOVERED:	VALUE:	Receipt Attached?	
1.		\$	YES	NO
2.		\$	YES	NO
3.		\$	YES	NO
4.		\$	YES	NO
5.		\$	YES	NO
<b>Section A TOTAL</b> (need more room? Use addt'l page):		<b>A: \$</b>		

B:	PROPERTY DAMAGE THAT NEEDED REPAIRED:	VALUE:	Receipt Attached?	
1.			YES	NO
2.			YES	NO
3.			YES	NO
4.			YES	NO
5.			YES	NO
<b>Section B TOTAL</b> (need more room? Use addt'l page):		<b>B: \$</b>		

<b>DID YOU HAVE ANY INSURANCE COVERAGE?:</b>	<b>YES (go to Section C)</b>	<b>NO (go to Section D)</b>
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<b>Section C:</b>	Amount of claim "submitted" to Insurance:	\$
	Amount Insurance Paid:	\$ (- minus)
	<b>TOTAL <u>NOT</u> COVERED BY INSURANCE:</b>	<b>\$ (=)</b>
	Amount of Insurance Deductible:	\$ (+ add)
	<b>TOTAL OUT OF POCKETS EXPENSES:</b>	<b>\$ (=)</b>
Insurance Co.:		Agent:
Claim #:		Phone:

<b>Section D:</b>	Add TOTAL AMOUNT OF SECTION A & B. This is your GRAND TOTAL OUT OF POCKET EXPENSES WITHOUT INSURANCE:	<b>\$</b>
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<i>Property stolen but recovered:</i>			
1.		3.	
2.		4.	

\_\_\_\_\_ Date

\_\_\_\_\_ Victim's Signature or representative



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**STATE'S ATTORNEY FOR  
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*State's Attorney*

**Joseph S. Michael**  
*Deputy State's Attorney*

**Steven C. Kessell**  
*Deputy State's Attorney*

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## **A Word About Restitution**

Please review the following information carefully. This guideline provides instructions that you will need to follow in order to qualify for restitution.

### NOTICE TO VICTIM:

**Restitution is money paid back to the victim**, by a defendant, for stolen or damaged property, or medical expenses that were a direct result of the crime.

Although we cannot guarantee restitution, a judge has the option of making restitution a part of the sentence. Often, attorneys need restitution information to better prepare for a trial.

In order that an accurate account of your losses may be presented to the Court, please complete the enclosed form and mail it **IMMEDIATELY** to the address above or you can fax it to the number above as well. Please include any receipts/repair estimates, or medical/therapy bills pertaining to your case. **IF WE DO NOT HEAR FROM YOU PRIOR TO THE TRIAL DATE, WE WILL ASSUME THAT YOU ARE NOT SEEKING RESTITUTION. THEREFORE, WE WILL BE UNABLE TO REQUEST THE COURT TO ORDER RESTITUTION ON YOUR BEHALF.**

**If you have any questions about this matter, please do not hesitate to contact Jill Ritter at 240-313-2000.**