



## **Juvenile Probation Office**



Joseph M. Cox III
Chief Probation Officer
MOLLY B. WINK
Deputy Chief Probation Officer

423 Allegheny Street, Suite 424 Hollidaysburg, PA 16648 Phone: (814) 693-3230 FAX: (814) 695-0260

CLARK J. SHEEHE Supervisor

## VICTIM CLAIM FORM

Name Date Of Crime: Name Of Juvenile:	Allegation: JID #		
If you haven't suffered a loss, please chec	ck here: NO LOS	S	
If you have suffered an out-of-pocket loss, medical bills) and attach estimates, bills, a			sh, property,
Description of Loss		Amo	unt of Loss
		_ \$	
TOTAL LOS	s	\$	
Was your loss covered by insurance? Amount of deductible	-		In part
Amount of claim paid by insurance compa Name of Insurance Company:	ny \$		
Policy # Cla	aim #		<u>.</u>
Insurance Phone# Address of Insurance Co			
Signature *If this form is not returned, you may not be aw	Date	lose pape	rwork of your loss
(Examples: Receipts, Medical Bills, Estimates)*			