

RESTITUTION CLAIM FORM

Commonwealth of Pennsylvania vs. _____

Docket #: _____

Restitution is part of a sentence given by a Judge to reimburse victims for their **direct** losses as the result of the crime. You can include property losses, monetary losses, medical and counseling bills. We need information from you to establish these amounts. If you have questions, Please call 814-693-3010 and ask to speak with a Victim Advocate. Protect your restitution claim by returning this form quickly to the Victim/Witness Department at 423 Allegheny Street, Hollidaysburg, PA 16648 or by email to awalter@blairco.org.

Name: _____ Telephone: _____

Address: _____

Email address: _____

IF THERE IS NOT RESTITUTION OWED TO YOU, CHECK THIS BOX AND RETURN THIS FORM TO US:

1. Did you have any cash or property taken or damaged because of this crime?

Please include copies of receipts, estimates, bills, insurance claim forms or other information to support your claim. Please send us this information even if you have already given it to the police.

Value of Loss

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Did insurance pay for some of your damages/losses? Yes No

Insurance type: Your Auto: Your Homeowner: Defendants Insurance: Other:

Name: _____ Agent's Name: _____

Address: _____

Telephone: _____ Claim#: _____ Policy #: _____

Your deductible: _____ Amount insurance paid: _____

2. Do you have bills for medical treatment and/or counseling because of the crime? Please include copies of bills. Please use an additional sheet if you require more room.

Is your treatment completed? Yes No

Have you received all of the bills? Yes No

Dates	Hospital/Doctor/Prescriptions/Counselor	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did insurance of medical assistance pay some of your medical/counseling bills? Yes No

Insurance type: Your Auto: Your Medical: Work benefit: Other:

Name: _____ Agent's Name: _____

Address: _____

Telephone: _____ Claim#: _____ Policy #: _____

Your deductible: _____ Amount insurance paid: _____

3. Did you lose money because of forgery, bad checks, credit card/debit card misuse or another financial crime?

Type of loss: _____ Amount of loss: _____

If your money was returned by a bank or a credit card company who took the loss, please give us this information.

Name of bank/company: _____ Amount paid: _____

Address: _____

Telephone #: _____ Account #: _____

4. Have you applied for Victims Compensation Assistance? Yes No

The Victims Compensation Assistance Program may help you to pay medical, counseling, loss of wages, and travel expenses. It does not cover property losses.

The information I have provided is true and correct. I give my permission to release information to the District Attorney's Office about bills related to this case that were paid to me.

Signature: _____ Date: _____