Commonwealth VS. Name of Defendant

RESTITUTION CLAIM FORM

Loss sustained by:

Name: First Last

Address: Number & Street P.O. Box       Apt. Number

City:       State:    Zip

Phone: \* (Home)(   )-      Cell (   )-      Work (   )-

E-mail:

List Items Stolen, Lost or Damaged VALUE

(Copies of bills, receipts or estimates will be needed to substantiate all claims)

1. $

1. $

1. $

1. $

(You may attach additional pages if necessary)

Was the above loss covered by Insurance? [ ]  Yes [ ]  No [ ]  In part

Please complete this section and forward insurance documentation for

 **VEHICLE or PROPERTY damage ONLY**

Amount of Claim Presented to the Insurance Company $

Amount of Claim PAID by the Insurance Company $

Amount of **YOUR** Deductable $

Insurance Company:       Date of Claim:

Local Agency:      Local Agent (Contact): NAME

Agent Phone Number (   )-      Claim #      Policy #

I hereby swear that all the above listed information is true and correct to the best of my knowledge.

PLEASE NOTE: Any information given falsely may subject you to a possible criminal action for unsworn falsification to authorities, under §4904 of the Criminal Code of the Commonwealth of Pennsylvania, with the consequence of a penalty of one year in jail, and/or a $2,500 fine.

Victim’s Signature:\* Date:

**\*Indicates that the information requested is required to be completed by the victim**

**To help us better sever your needs; please check one of the following:**

[ ]  Continue all notifications regarding the prosecution of this case.

[ ]  Notify me only AFTER the defendant has been sentenced.

[ ]  Send No Further Communications.

**AFTER COMPLETING THIS FORM, PRINT, SIGN AND ATTACH ALL REQUIRED DOCUMENTATION.**

This form can be mailed or hand delivered to:

Office of the District Attorney

Attn: Victim Services

Crawford County Judicial Center

359 East Center St.

Meadville, PA 16335-2916

**You may also fax your information to: 814-336-4225**

Should you need any assistance in completing this form please call

814-333-7455 between the hours of 8:30 a.m. and 4:30 p.m. Monday through Friday.