

## RESTITUTION INFORMATION FORM

**\*Be advised that the Court may determine that the defendant does not have the ability to pay and may not order restitution. In that case, you would have the option to seek reimbursement through the civil process, such as Small Claims Court.**

Commonwealth vs. \_\_\_\_\_ DOCKET# \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

**1. Did you incur any medical bills as a result of this crime?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please list all out of pocket expenses, i.e. co-pay, deductible, prescription cost.

<u>EXPENSE</u>	<u>COST</u>
_____	_____
_____	_____
_____	_____
	TOTAL COST \$ _____

**2. Did you suffer a loss of property (theft or damage) as a result of this crime?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

<u>PROPERTY DAMAGE</u>	<u>REPLACEMENT OR REPAIR COST</u>
_____	_____
_____	_____
_____	_____

PLEASE DEDUCT THE AMOUNT PAID BY INSURANCE: \$ \_\_\_\_\_

**3. NET LOSS/COST:**      \$ \_\_\_\_\_

---

Please attach copies of bills, estimates, pay stubs or other proof of loss to the form and retain the originals. If your insurance company made a payment, please attach copy of insurance company determination showing payment.

If the defendant does not agree to the amount of loss documented above, the court may order an evidentiary hearing to establish the amount. In that case, you will be summonsed to the hearing with your original bill, estimates, etc.