

VERIFICATION OF LOSS FORM

To: _____

Person being investigated _____

Case Number _____

In order for the Adult Probation Department to assist you in obtaining payment for your losses, please complete all information requested. Attach receipts, estimates and copies of bills to this form.

LOSSES

Personal Injuries – Attach doctor bills, hospital bills and all other bills related to injuries \$ _____

Psychological/Emotional Counseling (Includes Victim and Family Members) \$ _____

Unrepaired Damages (Property) – For damages that have not been repaired, two estimates for repairing the damage are required. \$ _____

Repaired Damages (Property)– If you have had damages repaired, a receipt showing the cost of labor and materials is required. If you did the work yourself, attach a receipt for the materials used. \$ _____

Stolen Property – For stolen property, attach a receipt with the purchase price and date purchased or a signed statement indicating the item, purchase price, date purchased and place purchased. \$ _____

Cash – If cash was taken, list the exact amount. \$ _____

Loss of Income (if injured) \$ _____

Loss of income (due to required court proceedings) \$ _____

Insurance deductible \$ _____

Other losses (please specify) Use back of form if necessary \$ _____

RECOVERY

Payment already received – List any payments already received and who made the payment. Include Victim of Crime compensation, restitution paid by co-defendant(s).

| | | |
|---------------------|------------------------|-----------------|
| Who paid the amount | Address & phone number | Amount received |
|---------------------|------------------------|-----------------|

| | | |
|-------|-------|-------|
| <hr/> | <hr/> | <hr/> |
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Insurance – Complete the following section:

| | | |
|-------------------|---------|---------------------------|
| Insurance Company | Claim # | Insurance Company address |
|-------------------|---------|---------------------------|

| | | |
|--------------|----------------------|----------|
| Phone number | Amount of Deductible | \$ _____ |
|--------------|----------------------|----------|

| | |
|---|----------|
| What is the amount they will be covering? | \$ _____ |
|---|----------|

IF restitution is ordered and collected, it should be sent to:

| | | | | | |
|------|---------|------|-------|-----|-------|
| Name | Address | City | State | Zip | Phone |
|------|---------|------|-------|-----|-------|

The statements on this form are true to the best of my knowledge.

Signature _____

Date _____

PLEASE NOTE: By law, the offender and defense attorney may read your statement, unless the court determines disclosure may cause harm. If this concerns you and you want the Court to consider nondisclosure, please check the box and explain.