

REQUEST FOR RESTITUTION

Date: _____ Phone# _____
Victim: _____ email _____

Defendant:
Case No: CP-30-CR-0000 -20

CLAIMANT/VICTIM INSURANCE CARRIER: _____
Claim # _____
Agent: _____ Agent Telephone: _____

Agent Address: _____
Itemize property for which restitution is claimed. In criminal proceedings, restitution can only be claimed for out-of-pocket losses but not for pain, suffering, inconvenience, or expenses already paid for by insurance or from other sources. **ATTACH RECEIPTS AND/OR ESTIMATES!!** Attach additional pages if necessary.

<u>ITEM</u>	<u>DESCRIPTION</u>	<u>EST. VALUE</u>	<u>TOTAL</u>

Amount presented to insurance company _____
Amount paid by insurance company _____

Total amount due Claimant/Victim _____

I, the undersigned, swear that the above is true and correct to the best of my knowledge, being fully aware that any willful misrepresentation is a violation of the criminal code:

Claimant Signature _____ Date _____
Amount Approved _____
Insurance Amount Approved _____

Marjorie J. Fox, District Attorney

Restitution claims must be submitted to the District Attorney's Office within two (2) weeks of the date of this notice or the restitution claim CANNOT be included in this criminal action.
Return to Cherie Rumskey; Victim/Witness Office; Greene County Courthouse; 10 E. High Street; Room 304; Waynesburg, PA 15370 or by FAX at 724-852-4461.