

Restitution Claim Form



Name: _____

State of Missouri vs. _____

Cause Number: _____

If a defendant is placed on probation, he/she can be ordered to pay restitution to you for any out-of-pocket expenses you incurred due to the crime. This does not apply to pain and suffering. If you feel that a defendant owes you restitution, please fill out this form accordingly and return it with the other victim forms you were sent from this office. If you did not incur an out-of-pocket loss, please state that on this form and return promptly to the Prosecutor's Office. Please call **(573) 756-1955** and ask to speak with the Victim Advocate if you need assistance or have questions regarding this form. Please keep in mind that this office cannot guarantee that you will receive restitution, but we will do all that we can to ensure that you receive restitution if the defendant is ordered to pay.

Failure to notify the Prosecutor's Office of your out-of-pocket loss may result in our inability to request restitution on your behalf.

If you are requesting restitution to compensate for medical expenses, please follow #1 & #2 instructions. If you are requesting restitution to compensate for stolen, lost, or damaged property, please fill out #3.

If you are requesting restitution for all the above, please fill out this form in its entirety.

1. Please list your medical expenses not covered by insurance (i.e. your deductible)

_____	\$ _____
_____	\$ _____
_____	\$ _____

2. Please attach copies of **all medical bills** pertaining to the crime of which you are a victim. If you receive more bills as this case progresses, please send copies to the Prosecutor's Office with both your name and the name of the person that was charged with the crime (defendant) written on top of the bill.

Please list all property missing or damaged and the value below. (***Attach estimates or bills***)

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

(If you need more room, please use the back of this form.)

3. Did insurance cover any of your loss? Y N

4. If so, what was the amount? \$ _____

5. What was your deductible? \$ _____

Insurance Company: _____

Agent Name _____ Telephone # _____

(Please attach copies of any written bills receipts, estimates, photos, etc. NECESSARY to document the damage or loss.)