

RESTITUTION FORM

Case number _____ Case name _____
 Victim's Name _____
 Address _____
 City/State /Zip _____
 Home phone _____ Work phone _____
 E-mail _____

If any of the above contact information changes, please contact the City Prosecutors at (208) 612-8169.

Please fill out all of the sections below that apply to the case number/name listed above. In order for you to be able to receive restitution for the losses you have suffered, it is important that you try to be as thorough as possible.

PROPERTY OF YOURS TAKEN <u>THAT HAS NOT BEEN RECOVERED</u> (Use back side or separate sheet if necessary)				
Item or Description	Purchase Date	Purchase Cost	Fair Resale Value	Amount Paid by Insurance
1.				
2.				
3.				
4.				
5.				
PROPERTY OF YOURS THAT WAS DAMAGED OR DESTROYED; PLEASE INCLUDE COPIES OF ALL ESTIMATES AND BILLS (Use back side or separate sheet if necessary)				
Item or Description	Repair Costs	Amount Paid by Insurance		
1.				
2.				
3.				
Insurance Co/Agent	Address		Phone Number	
What has your Insurance Co. paid on your behalf to date? (Amount and to whom)	What is the amount of the deductible you have paid?			
What wages, if any, were lost <u>directly</u> due to physical injuries sustained as a result of this criminal act and where you could not work due to those injuries?	How is the wage loss calculated?		Work Supervisor & Phone #	
What is the total loss that you have suffered? Include both losses to you and your insurance company.				\$

I, _____, hereby certify that all of the information on this form is true and correct and I recognize that I may have to testify in court under oath, and under penalties of perjury, concerning the information I have provided on this form.

Dated: _____, 20____.

Signature of Victim/Agent for Victim

PLEASE SEND THIS FORM TO:

**City Prosecutors
P.O. Box 50220
Idaho Falls, ID 83405-0220**

**Esta formulario esta disponible en Espanol en la pagina de internet de la Ciudad de Idaho Falls bajo "City Attorney"*