

VICTIM RESTITUTION CLAIM FORM

RE: _____

CASE #: _____

JUVENILE PROBATION OFFICER: _____

CHECK IF NO RESTITUTION IS OWED.

Restitution to be sent payable to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Description of Loss: (Indicate net loss. In general, claims can only cover cash loss, property loss, and medical expenses. Loss of time due to court proceedings, interest, etc. are NOT recoverable through restitution. Please attach estimates, bill, and receipt to substantiate claims. NOTE: DO NOT SEND ORIGINALS) Please use additional paper if necessary.

TYPE AND NATURE OF LOSS

AMOUNT

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL LOSS:	\$ _____

Is the above loss or injury covered by insurance? (Circle one) YES NO

What is your insurance deductible or co-pay? \$ _____

Amount of claim presented to your insurance? \$ _____

Amount of claim paid by your insurance? \$ _____

Name of Insurance Company: _____

Agent's Name: _____ City: _____

Phone: _____ Policy #: _____ Claim #: _____

(Please keep the yellow copy of this form for your records and return the white copy to the Juvenile Court Victim/Witness Office at the Juvenile Probation Department; 201 W. Market St., Suite 3100, PO Box 2746, West Chester, PA 19380-0989).