



REQUEST FOR RESTITUTION

Commonwealth v. _____ Court Date: _____

Victim's Information

Name:	_____	City, State, Zip	_____
Address:	_____	Email Address:	_____
Phone #:	_____	Alt Phone #:	_____

ECONOMIC LOSS

Property Loss

List property lost as a result of this crime; e.g., property that has not and is not expected to be recovered (Attach any relevant receipts).

ITEM	MAKE (if applicable)	MODEL (if applicable)	VALUE
			Total \$

Property Damage

List property damaged as a result of this crime. (Attach any relevant receipts).

ITEM	MAKE (if applicable)	MODEL (if applicable)	VALUE
			Total \$

Total Medical/Hospital Costs

(Attach copies of bills)Total \$ _____

TOTAL LOSS \$ _____

(Circle yes or no to answer the questions below)

Was the property recovered by law enforcement? YES NO

If recovered, has the property been returned to you? YES NO

REIMBURSEMENT RECEIVED

Property Insurance

NAME OF INS. CO.	ADDRESS	POLICY NUMBER	VALUE
			\$

Hospital/Medical

\$
\$
\$

Restitution Received

Other Reimbursement

TOTAL REIMBURSEMENT \$ _____

NET LOSS RESTITUTION: \$ _____
 (TOTAL LOSS minus TOTAL REIMBURSEMENT)

Attach additional pages if necessary.

 SIGNATURE

By signing this form, I swear that the above information is true and accurate to the best of my knowledge.

Signature of Victim

Date

REMEMBER!

If restitution is ordered in this case, you must keep the Clerk of the Court advised of your current address until paid in full.

Please sign and return this form within 10 days, or bring with you to court.

Victim-Witness Assistance Program
 Post Office Box 40
 Yorktown, VA 23690
 vw@yorkcounty.gov