

# Restitution Claim Form

**Loss Sustained By: (Insert your name here)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

All Restitution payments will be sent to the above name and address unless otherwise indicated.

## List Items Stolen, Damaged, Etc.

(Attach copies of bills or receipts to validate claim. You may attach extra pages if needed)

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

4. \_\_\_\_\_ \$ \_\_\_\_\_

**Total Loss \$** \_\_\_\_\_

Above Loss Covered by insurance: Yes: \_\_\_\_\_ No: \_\_\_\_\_ In Part: \_\_\_\_\_

If **Vehicle/Property/ Residence** damage, please complete this section and attach insurance documentation:

**Amount of Claim presented to insurance Company:** \$ \_\_\_\_\_

**Amount of Claim paid by insurance Company:** \$ \_\_\_\_\_

**Amount of Deductible:** \$ \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Date of Claim:** \_\_\_\_\_

**Local Agent:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Claim Number:** \_\_\_\_\_

**I hereby swear that all the afore listed information is absolutely true and correct to the best of my knowledge.**

\* Note: Any information given falsely may subject you to a possible criminal action for unsworn falsification to authorities, under section no. 4904 of the Criminal Code of the Commonwealth of Pennsylvania, With the consequence of penalty of one year in jail, and/or a \$2,500 fine.

Victims Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

### **Please Check one of the following:**

- \_\_\_\_\_ 1. Please continue all notifications regarding the progress of this case
- \_\_\_\_\_ 2. Please notify me **ONLY AFTER** the defendant has been sentenced
- \_\_\_\_\_ 3. Please send no further communication

**Please complete this entire form and return it to:**

**Office of the District Attorney**

**359 East Center St**

**Meadville, PA 16335**

**Or email the form to one of the following [hhunter@co.crawford.pa.us](mailto:hhunter@co.crawford.pa.us)**