
OFFICE OF THE DISTRICT ATTORNEY, 24TH JUDICIAL CIRCUIT
RESTITUTION STATEMENT

In The Circuit Court for the Twenty-Fourth Judicial Circuit _____ County, Alabama

State of Alabama vs. _____ Case # _____

Victim Name: _____

I am the Victim in this case. I hereby request the Court to enter an order of Restitution for the losses or damages suffered due to the Defendant's criminal activity or conduct. The following does not include any property or expenses already recovered by me from the Defendant.

1. PROPERTY EXPENSES (to replace, repair, or clean) \$ _____

Attach documentation, estimates or bills when available.

List the item(s) damaged along with the description of damages and cost to replace, repair or clean items.

2. MEDICAL EXPENSES (medicine, doctor, hospital, etc.) \$ _____

Attach copies of receipts and bills. List the agency providing service (name of hospital, doctor, lab, etc) and total amount of bill.

3. MISSED WORK (pay/hour) \$ _____

Calculate this sum by multiplying your daily rate of pay (net after taxes) by the number of days you were out.

DO NOT LIST IF YOU WERE PAID VACATION OR SICK TIME. List your employer.

4. **OTHER EXPENSES** (funeral, travel/towing, Replacement of personal items) \$ _____
List and attach invoices of any other expenses or loss which you incurred.

5. **EXPENSES OR LOSSES RECOVERED** (property, medical or home owners/auto insurance) \$ _____
List the total amount of the value of any property or cash recovered or reimbursed to you by any insurance coverage.

Name of Insurance Company _____

TOTAL AMOUNT LOST \$ _____
(add sections 1-4)

TOTAL AMOUNT RECOVERED - \$ _____
(subtract section 5)

TOTAL RESTITUTION DUE TO VICTIM \$ _____

I hereby certify that the above answers are true and accurate. I understand that a false statement or answer to any question in this affidavit will subject me to penalties for perjury.

Victim Signature: _____ Date _____

Victim Name (PRINT) _____

Victim Address: _____

Home No. _____ Cell No. _____ Work No. _____

Email: _____

Please return to: Office of the District Attorney, Attention: Victim Service Officer, P. O. Box 463, Fayette, Al 35555 or email to beth.martin@24thdao.net. Please contact 205-932-6349 if you have any questions.