

RESTITUTION CLAIM FORM

File: \_\_\_\_\_

Date submitted by victim: \_\_\_\_\_

Please complete the information below and return it by \_\_\_\_\_ to: Allen County Juvenile Probation Department, 2929 N. Wells Street, Fort Wayne, IN 46808. Attn: Rebecca A. Fries

LOSS AND/OR EXPENSES RESULTING FROM THE OFFENSE:

Total value of property stolen/damaged:  
(lesser of two professional estimates, OR amount on receipt for replacement/repair)

a. **\*\*TWO PROFESSIONAL ESTIMATES OR RECEIPT MUST BE ATTACHED OR YOUR CLAIM WILL BE VOID\*\*** \$ \_\_\_\_\_

b. Total medical and/or counseling expenses incurred:  
**\*\*RECEIPTS OR DOCUMENTATION MUST BE ATTACHED OR YOUR CLAIM WILL BE VOID\*\*** \$ \_\_\_\_\_

c. Total value of loss: (a + b = c) \$ \_\_\_\_\_

COMPLETE THIS SECTION IF YOU REPORTED THIS INCIDENT TO YOUR INSURANCE COMPANY:

Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

Agent: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Claim Number: \_\_\_\_\_

Total paid by your insurance company:

a. **\*\*DOCUMENTATION OF THE AMOUNT AND TO WHOM IT WAS PAID MUST BE ATTACHED OR YOUR CLAIM WILL BE VOID\*\*** \$ \_\_\_\_\_

b. Deductible paid by you: \$ \_\_\_\_\_

YOUR TOTAL CLAIM FOR RESTITUTION:

a. Amount to be paid to you (deductible + loss/expense not reimburse by insurance): \$ \_\_\_\_\_  
b. Amount to be paid to your insurance company: \$ \_\_\_\_\_  
c. Total (a + b = c) \$ \_\_\_\_\_

CERTIFICATION

I hereby certify, under the penalties for perjury, that the above representations are correct to the best of my knowledge.

\_\_\_\_\_ Address \_\_\_\_\_  
Printed Name of Victim, Guardian, or Representative

\_\_\_\_\_ Daytime phone number  
Signature of Victim, Guardian, or Representative