**Office of the District Attorney**

**Clayton Judicial Circuit**

**VICTIM IMPACT RESTITUTION FORM**

**CASE INFROMATION: (This section completed by Victim Witness Assistance Office)**

|  |  |  |
| --- | --- | --- |
| **Victim Name** | **Defendant(s) Name(s)** | **Case Number and/or Charge(s)** |
|  |  |  |

**\*\*\*\*\*If supporting documentation is not forwarded along with your restitution claim, then your request for restitution cannot be processed and no restitution will be ordered.\*\*\*\*\***

|  |  |  |
| --- | --- | --- |
| **Describe the Type of Expense**  **(Example: Item(s) damaged, stolen, doctor's visit(s), etc.)** | **What was the Exact Amount of your Loss/ Expense (Example: value of item(s) taken, cost to repair, etc.)** | **Did Insurance Cover Any Part of This Loss/ Expense? If so, what amount did insurance not cover? Include deductible amount paid in this section.** |
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**YOU MUST ANSWER ALL SECTIONS AND ATTACH SUPPORTING DOCUMENTS INCLUDING INVOICES, RECEIPTS, COPY OF INSURANCE CLAIM, ESTIMATES, ETC.**

**PLEASE NOTE: SOME CASES ARE RESOLVED VERY QUICKLY, THEREFORE, FAILURE TO RETURN THIS FORM WITH THE NECESSARY DOCUMENTATION WITHIN 10 DAYS MAY RESULT IN LOSS OF DUE RESTITUTION.**

\*\*Counseling, Lost Wages, Medical/Dental, Loss of support, Funeral Cost, and Crime Scene clean up are covered under Victim’s Compensation. Please request Victim’s Comp Application.\*\*

\*\*\*Pain, suffering, and emotional distress are considered civil and not covered under restitution. \*\*\*\*

I verify that to the best of my knowledge all the information provided by me on this form is true and correct.

Requestor Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If completed by someone other than the victim, please indicate your relationship to the victim:

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