



**Cumberland County Office of the District Attorney
Victim Services Division**

RESTITUTION FORM

Defendant/Juvenile: _____

Docket: _____ **OTN:** _____

As the victim of a crime, you have the right to submit a restitution request for any direct financial loss as a result of this crime. This statement is not confidential and will be given to the defense counsel. Therefore, the defendant will see it as well. **Please return before:** _____

Name of Victim _____ **Phone Number** _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

1. PHYSICAL INJURY AND/OR COUNSELING (medical, counseling, prescription, etc.)

Is your treatment completed? ___ Yes ___ No Have you received all bills? ___ Yes ___ No

Please list any and all medical and/or counseling out of pocket losses. Please attach all bills and/or receipts. Use additional pages if necessary.

<i>Date of service</i>	<i>Provider (doctor, hospital, counselor, prescription, co-pay)</i>	<i>Amount</i>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Insurance type: ___ None ___ Auto ___ Medical ___ Work Benefit ___ Other

Total amount insurance paid \$ _____

Total amount of personal out of pocket loss \$ _____

Have you applied for the Pennsylvania Victims' Compensation Assistance Program (VCAP)?

___ No ___ Yes Claim Number _____

2. PROPERTY (damaged, lost, or stolen)

Please list the item, its value and check whether insurance covered any loss. Please attach all bills, estimates, receipts, and/or proof of value. Use additional pages if necessary.

<i>Item</i>	<i>Value</i>	<i>Insurance</i>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Total amount of out of pocket loss \$ _____

Insurance type: ___ None ___ Auto ___ Homeowner ___ Renter ___ Defendant ___ Other

Did you pay a deductible? ___ No ___ Yes If yes, how much? \$ _____

Total amount of out of pocket loss (with deductible) \$ _____

3. FINANCIAL (forgery, bad checks, credit/debit card misuse, etc.)

Were you reimbursed? ___ No ___ Yes If yes, how much? \$ _____

Total amount of out of pocket loss \$ _____

4. If there is **NO** restitution owed to you, please check this box and return the form to us.

Signature of Victim _____ **Date** _____

RETURN TO:

Cumberland County Office of the District Attorney | Victim Services Division
One Courthouse Square, Room 2R | Carlisle, PA 17013
Phone: 717-240-6220 | Fax: 717-240-7805 | Email: victims@ccpa.net