

Frederick County - RESTITUTION REQUEST FORM

Commonwealth vs.

Docket No.:

Your Name (Victim):

Your Address (Victim):

Home Phone # _____ Work Phone # _____ Cell/Message Phone # _____

Please list specific amounts you are seeking for damages, lost property, repairs or other out-of-pocket expenses as a result of this crime. If we do not receive a request within 7 days, we may not be able to seek restitution on your behalf, though you may have a civil remedy available to you by filing a small claims suit or other civil suit. **The final decision to order restitution, as well as the amount of restitution to be awarded, rests exclusively with the Court.**

Medical and/or Dental Expenses* \$ _____

- out of pocket expenses directly resulting from injuries sustained as a result of this crime not covered Medicaid, Medicare or private insurance, including co-pays.

Counseling Fees*- may be reimbursable if the crime against you was traumatic in nature \$ _____

Property Damage* \$ _____

- out of pocket cost to repair/replace all damage to or loss of property, not covered by the cost of insurance, including the value of any items stolen and **not** returned to you **or** recovered for evidence by law enforcement.

Insurance Deductible* - unreimbursed insurance deductible or co-pay. \$ _____

Claim Reported to Insurance Co.: **Yes** **No**
Amount Insurance Paid \$ _____

Name of Insurance Company: _____

Policy Number: _____

Bad Checks / Fees* Owed to: Victim/Me Bank \$ _____

If Bank / Name of Bank: _____

TOTAL OF RESTITUTION REQUEST: \$ _____

***ATTACH/INCLUDE COPIES OF ANY RECEIPTS OR ESTIMATES FOR LOSSES.**

Check here if you anticipate additional out-of-pocket expenses as a result of this crime.

I affirm under the penalties of perjury that the foregoing represents actual losses suffered by me as a result of this incident.

Date _____ Signature _____

Please return this form along with all receipts or records to:

Victim Witness Program – 107 North Kent Street, 4th Floor, Winchester, VA 22601 (540) 665-6369.