



# LOSS STATEMENT – REQUEST FOR RESTITUTION

Any questions, please contact Marissa Evans, Victim Services Specialist with Ada County Juvenile Court Services at 208-577-4817 or mevans@adaweb.net.

Defendant Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

**Please check ALL THAT APPLY:**

- I am not requesting restitution.
- The defendant's insurance covered my losses.
- I hired a Civil Attorney regarding this incident. (Attorney's name: \_\_\_\_\_)
- My insurance company has covered the entire loss, except that I had to pay my insurance deductible which is \$\_\_\_\_\_. **(Please complete section 1 below.)**
- I have losses that were not or only partially covered by insurance. The total amount of my out of pocket expenses (including any insurance deductible that I've paid) is \$\_\_\_\_\_ as described below. **(Please complete sections 1,2,3, and 4 below as appropriate.)**
- I submitted an application to the Victims Compensation Program.

**1. INSURANCE (AUTO/HOMEOWNER'S/MEDICAL)** *If you need more space, attach additional pages. (Defendant may be held financially responsible for the amount your insurance has paid on your claim).*

Insurance Company: \_\_\_\_\_ Claim #: \_\_\_\_\_  
Adjustor Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

**2. PROPERTY DAMAGE/LOSS** *If the police did NOT recovery your property, include documentation (receipts, invoices, estimates, printout from manufacturer's website) reflecting the cost of repair or replacement of your property. If you need more space, attach additional pages.*

Item Description: \_\_\_\_\_ Cost: \$ \_\_\_\_\_  
Item Description: \_\_\_\_\_ Cost: \$ \_\_\_\_\_  
Item Description: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

**3. MEDICAL BILLS (include copies)** *If you need more space, attach additional pages.*

Hospital/Provider Name: \_\_\_\_\_ Treatment Date: \_\_\_\_\_  
Physician(s) Name: \_\_\_\_\_

**4. LOST WAGES (as a direct result of this criminal act)** *If you need more space, attach additional pages.*

Dates off work: \_\_\_\_\_ Lost Wages: \$ \_\_\_\_\_

**TOTAL RESTITUTION REQUESTED: \$ \_\_\_\_\_**

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Preferred Phone: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_

Please notify me by:  Phone  Email  Letter

Notify me of Diversion Agreement Terms:  Yes  No

It is imperative that this form is returned in a **TIMELY MATTER** to:  
Victim Services  
6300 W. Denton St.  
Boise, Idaho 83704  
Or fax form to 208-577-4809