

Restitution and Insurance Claim Sheet

When are you entitled to collect restitution? If a person is convicted of an offense, the court must require that person to make restitution to the victim of the crime in the full amount of the economic loss. Economic loss includes lost interest, lost earnings, medical and counseling costs, and other losses which would not have been incurred but for the offense. Economic loss does not include damages for pain and suffering, punitive damages or consequential damages. Your insurance company is also entitled to restitution for any payments made to you pursuant to your policy.

What type of restitution are you entitled to collect? A victim is entitled to recover the difference between the fair market value of property at the time it was stolen and the fair market value of the property at the time it was recovered. If not recovered, the measure of the victim's full economic loss is the fair market value of the property at the time of the loss. A victim, however, is not entitled to recover consequential damages, which are defined as damage, loss, or injury that do not flow directly and immediately from the action of the defendant, but only from the consequences or results of such act. Therefore, the restitution amount requested by a victim may be adjusted accordingly.

You may be required to testify under oath as to the truthfulness of any claims contained herein. Please list only unrecovered / damaged property. Attach copies of any receipts, estimates, or charges you have incurred. DO NOT submit original documents.

If you do not require restitution, please simply sign the Affidavit of No Restitution Claim (last page) and return that document to the address listed. If you are claiming restitution, please return the entire document, including those portions you leave blank. Thank you!

This affidavit must be returned within fourteen (14) days of receipt of this notice. If the affidavit is not returned promptly, you may forfeit your right to collect restitution. If you have any questions, please call Victim / Witness at 740-5525.

Si usted necesita asistencia en español, llame por favor al 740-5525.

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VERIFICATION OF VICTIM CONTACT INFORMATION

If the defendant(s) pleads guilty or is convicted at trial, you will be contacted by a probation officer who is preparing a sentencing report for the court. The officer will request an impact statement from you, as well as other pertinent information that the judge may want to have prior to making a sentencing decision. If the probation department cannot reach you within its time constraints, you may lose your right to tell the judge how the crime has impacted your life. It is very important, therefore, that the probation officer be able to contact you promptly. Please provide the following information in as much detail as possible. **This information will not be disclosed to the defendant or defense attorney.**

Last Name	First Name	Middle Initial
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Home Address	City	State	Zip Code
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Work Address	City	State	Zip Code
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Home Phone Number	Work Phone Number	Cell Phone Number
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E-mail Address

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INSURANCE INFORMATION

If you have insurance that will cover or has covered any part of your losses, please complete the following information. **This information is confidential and will not be disclosed to the defendant or defense attorney.** This information will help ensure that your insurance company receives full reimbursement from the defendant.

Medical Insurance Coverage

Company Name: _____

Address: _____ City/State _____ Zip _____

Contact Name: _____ Phone Number: _____

Policy Number: _____ Deductible: _____

To date, this insurance company has paid me \$_____.

Other Insurance Coverage

Company Name: _____

Address: _____ City/State _____ Zip _____

Contact Name: _____ Phone Number: _____

Policy Number: _____ Deductible: _____

To date, this insurance company has paid me \$_____.

B. Restitution Work Sheet Part Two: Medical Expenses

Please attached copies of all available receipts to this page as verification of the expenses incurred. DO NOT submit originals with this document. If you did not suffer any physical injuries for which you sought medical attention, please continue to Part Three of the Restitution Worksheet.

Treatment for my injuries “ is complete/finished.
 “ is expected to continue for an additional _____ “ week(s) “ month(s)

Total Medical Expenses Incurred to Date: \$_____

C. Restitution Work Sheet Part Three: Lost Wages / Benefits

You are permitted to collect for lost wages. If you claimed sick or vacation time and were paid by your employer, you are entitled to the value of the benefits you had to use as a result of the defendant’s conduct. In other words, even if you got paid time off, you are still entitled to collect the fair market value of the benefits you used. You are also entitled to receive compensation for any time spent in court for this matter. Please complete the following work sheet:

For full days missed: I was unable to work on the following days: _____.

I am paid \$_____ per day. My total daily wages or benefits lost are \$_____.

For partial days missed: I missed _____ hours of work. I am paid \$_____ per hour. My total hourly wages or benefits lost are \$_____.

Total value of lost wages and/or benefits is: \$_____

D. Restitution Work Sheet Part Four: Calculation of Total Restitution Owed

1. Total Economic Loss: \$ _____ (Total from part 1.)
2. Total Medical Expenses: \$ _____ (Total from part 2.)
3. Total Wages/Benefits Lost: \$ _____ (Total from part 3.)

TOTAL RESTITUTION OWED TO ME: \$ _____ (Part 1 + Part 2 + Part 3)

I, _____, affirm that I and/or my insurance company is entitled to the above-listed restitution amount. I understand that I may be required to testify as to the truthfulness of these statements and may face contempt of court penalties and fines for any knowingly false claims.

Signature

Date

Return this affidavit to:

**Pima County Attorney's Office
Attn: Victim Notification
32 North Stone, 14th Floor
Tucson, Arizona 85701**

AFFIDAVIT OF NO RESTITUTION CLAIM

I, _____, affirm that neither I and/or my insurance company is entitled to and/or seeking restitution from the defendant in this matter.

Signature

Date

Return this affidavit to:

**Pima County Attorney's Office
Attn: Victim Notification
32 North Stone, 14th Floor
Tucson, Arizona 85701**