

RETURN TO:

Molly Thurman, District Attorneys' Office
124 W. Beaugard, San Angelo, TX 76903

325-659-6585
325-658-6942

RESTITUTION CLAIM FORM-FORGERY

DEFENDANT:	CHARGE:
------------	---------

Please fill out form INCLUDING your address and phone numbers and return to our office.

Check Owner:	
Person/Place receiving check(s):	Reply By:
Present Address:	
Mailing Address:	
Home Phone:	Work Phone:

1. Please list checks received from above listed defendant.

<u>CHECK NUMBER</u>	<u>DATE</u>	<u>AMOUNT OF CHECK</u>

(please use back of form if more room is needed)

2. What is the total amount of your financial loss, which was not recovered?

\$

3. Is any part of this loss covered by insurance?

YES	NO
-----	----

If the answer is yes, please complete the following:

INSURANCE COMPANY:
ADDRESS:
PHONE:
CLAIM #:
DATE YOU FILED:
DEDUCTIBLE: \$
HAVE YOU BEEN PAID?
AMOUNT YOU CLAIMED: \$
AMOUNT PAID: \$

DO YOU WANT TO ATTEND COURT PROCEEDINGS? YES _____ NO _____