

RETURN TO:

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

325-659-6585
325-658-6942

RESTITUTION CLAIM FORM

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

Victim:	Reply By:
Present Address:	
Mailing Address:	
Home Phone:	Work Phone:

1. Have you had any expenses as a result of this crime? This includes property loss or property damaged, cash, and/or medical bills.

YES	NO
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If the answer is YES, attach receipts and complete the following:

<u>ITEM</u>	<u>VALUE</u>	<u>ITEM RECOVERED?</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
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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 _____