

RESTITUTION FORM

COMMONWEALTH VS: _____

Victim's Name: _____

Address: _____

Telephone: (H) _____ *(W)* _____

1. Medical Expenses:

2. Damaged or Unrecovered Property:

3. Other:

Total Loss: \$ _____

Total Amount Compensated by Insurance: \$ _____

Total Reimbursement Anticipated from Court: \$ _____

Please specify from whom you are to receive a reimbursement (such as: Insurance, Workman's Compensation, etc.) and enclose any copies of statements specifying restitution amount.

I hereby swear under the pains and penalties of perjury, the above information is true to the best of my knowledge.

Victim's Signature: _____ **Date:** _____