1. What are your initial feelings about having been victimized?

2. Will the crime have an on-going emotional or physical effect on you, or a member(s) of your family?

Signature: ______________________________

Date: ___________________________________

(Please use additional sheets, if necessary).

INSTRUCTIONS FOR RESTITUTION REQUEST

Instructions: Please use the following guidelines when completing the Restitution Information Page

I. PERSONAL LOSS (Documentary evidence of loss value required by law)

Column A: The list of possible items may include, but is not limited to the following type of expenses: medical/hospital bills, replace/repair cost for glasses, dentures, wheelchairs, prosthetics, hearing aids, etc. funeral/burial costs.

Column B: Total dollar amount that has been spent to date on items listed.

Column C: For more information on what the Victims' Compensation Assistance Program (VCAP) is and how to apply, please see enclosed brochure. If eligible for VCAP, please indicate whether you have applied.

Column D: The amount you have **requested** from your insurance carrier, other government agency or a third party to cover your expenses, such as personal medical insurance, short term disability, family members/family, etc.

Column E: The amount you have **actually** received from your insurance carrier, other government agency or a third party for your expenses.

II. PROPERTY LOSS (Documentary evidence of dollar value required by law)

Column A: List any stolen, damaged or destroyed items.

Column B: Total estimated value of loss at this time for property replacement or repair. Replacement cost is based on the value of property at the time of the loss.

Column C: The amount you have **requested** from your insurance carrier, other government agency or a third party to cover your expenses, such as personal medical insurance, short term disability, family members/family, etc.

Column D: The amount you have **actually** received from your insurance carrier, other government agency or a third party for your expenses.

III. OTHER LOSS

List any other loss that may be applicable, which is not included elsewhere on this form. For example, medical insurance, co-pays, car insurance deductibles, etc.

RESTITUTION INFORMATION PAGE

(Please use guidelines attached when completing the Restitution Form)

I. PERSONAL LOSS

Column A List personal injury, if any, which occurred As a result of this crime	Column B Dollar amount at this time	Column C If eligible, have you filed a claim with VCAP Crime Victim's Comp	Column D Amount requested from insurance or Other sources	Column E Amount Actually Received from Insurance or other sources
______________________	$______________	YES or NO (choose one)	$______________	$______________
______________________	$______________		$______________	$______________
______________________	$______________		$______________	

II. PROPERTY LOSS

Column A List any property lost, damaged or stolen	Column B Value of Loss at this time	Column C Amount requested from insurance or Other sources	Column D Amount Actually Received from Insurance or other sources
______________________________	$______________	$______________	$______________
______________________________	$______________	$______________	$______________
______________________________	$______________	$______________	
______________________________			

III. OTHER LOSS

Column A	Column B Value of Loss at this time	Column C Amount requested from insurance or Other sources	Column D Amount Actually Received from Insurance or other sources
______________________________	$______________	$______________	$______________
______________________________	$______________	$______________	$______________
______________________________	$______________	$______________	
______________________________			

TOTAL REQUEST FOR RESTITUTION (ADD ALL DOLLAR AMOUNTS LISTED IN COLUMN B): **$________________**

FAILURE TO RETURN THIS FORM WITH THE NECESSARY DOCUMENTATION WITHIN FOURTEEN (14) DAYS OF THE DATE OF THIS CORRESPONDENCE MAY RESULT IN LOSS OF YOU RESTITUTION CLAIM….

I, the undersigned, hereby verify that, to the best of my knowledge, all information provide is true and correct. Any false statement herein is punishable pursuant to 18 Pa. C.S.A. Sec. 4904, relating to unsworn falsifications.

Name: (Print):________________________________ Date:__________________________

Name: (Signature):____________________________