

RESTITUTION FORM

State of Arkansas v. _____ ; CR# _____

Please answer the following questions to the best of your ability. Complete this form regardless of whether there was injury and/or property loss/damage or not. Return the form to our office within fifteen (15) days from the date of this letter in the envelope provided. Failure to return this form may result in the defendant not being ordered to pay restitution.

_____ Place checkmark here if you do not wish to seek restitution because there was no injury to you or your property.

SECTION 1 – MEDICAL INJURY

As a result of this crime was there injury to you which caused you to seek medical treatment?
Yes _____ No _____

If YES, please mail copies of any medical bills with this form.

Has your insurance paid for all or any of the medical bills? Yes _____ No _____

If YES, please list the following: Insurance Company:

_____ Insurance will pay: \$ _____

Total out of pocket medical expenses incurred including deductible. \$ _____

SECTION 2 – PROPERTY LOSS/DAMAGE

Was there property loss/damage suffered by you as a result of this crime? Yes _____ No _____

Has property been recovered by law enforcement? Yes _____ No _____

How much was reimbursed to you by your insurance company if any? \$ _____

List property lost or damaged that **has not been recovered** by law enforcement, and estimate the cost of replacement or repair. Use additional paper if necessary. **Enclose with this form any receipts or estimates you may have.**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL AMOUNT OF RESTITUTION OWED TO VICTIM \$ _____

YOUR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Telephone (Home): _____ Telephone (Work): _____

PLEASE NOTIFY THIS OFFICE IMMEDIATELY IF YOUR ADDRESS INFORMATION HAS OR WILL CHANGE. RETURN THIS FORM BY 4/5/2007 TO:

Prosecutor's Office
206 South 3rd Street
Van Buren, AR 72956