

RESTITUTION CLAIM/AFFIDAVIT

Restitution is not automatically ordered. Do not assume you will receive restitution, even if you have previously provided information to law enforcement regarding a financial loss. If you would like to request restitution, you must return this claim loss affidavit **with supporting documentation** as soon as possible.

State of West Virginia vs. _____ Case Number: _____

Victim's Name: _____ Telephone: _____

Address: _____ Email: _____

a. LIST CRIME RELATED EXPENSES: COPIES OF ALL WRITTEN BILLS, RECEIPTS, ESTIMATES, ETC. MUST BE ATTACHED

Medical and or counseling expensed: _____ \$ _____

Damaged/Destroyed items: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

TOTAL AMOUNT OF LOSS \$ _____

b. ONLY complete this section if you have insurance that could cover your loss (if not, skip to c).

My losses/damages (were) (were not) covered by insurance

Name of Insurance Company: _____

Address: _____

Amount of deductible and/or uninsured loss: \$ _____

Claim No. _____

Insurance claim has been submitted but has not been paid.

Due to the fact that my deductible is \$ _____ and that amount is greater than the loss incurred from this event, I will not be submitting a claim to my insurance and am instead requesting restitution for the loss.

c. I declare under penalty or perjury that everything I have stated in this document is true and correct.

Dated: _____ Signature _____

