

THIRTEENTH JUDICIAL CIRCUIT JUVENILE COURT VICTIM LOSS STATEMENT

Complete this form and return no later than _____ to: Juvenile Office
 ATTN: Victim Services Program
 705 East Walnut
 Columbia, MO 65201
 FAX: 573-886-4030

Victim's Name _____

Address _____

City, State and Zip Code _____

Telephone: Home _____ Work _____ Cell _____

Please list property taken or damaged or the type of injuries you have sustained (attach paper as needed): **You must include bills, receipts or estimates for damages under \$150.00. Two estimates are needed for damages exceeding \$150.00. These must be from an outside source. If there is no original receipt, a printout from the Internet of an identical or similar item is acceptable. Please include only the cost of replacement (not upgrades) and do not round to the nearest dollar.**

Item	Amount of Damage	Amount Paid by Insurance
TOTAL AMOUNT OF YOUR RESTITUTION CLAIM:	\$	

Please complete the following if your loss is covered by insurance, **even if you do not intend to file a claim.** If the loss was not covered, write "**NONE**" in the blank.

Insurance Company Name _____

Address _____

Agent's Name _____

Phone # _____

Amount of Deductible \$ _____

Policy # _____

Claim # _____

I declare the above true and correct:

Signature **Date**