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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Case Information – To Be Completed by Adult Probation Staff | | | | | | | | | |
| Defendant’s Name: | | | | SF No: | | | | | Court No: |
| **Please complete, sign, and return this form to the Adult Probation Department by:** | | | | | | | | | |
| Your Name: |  | | | | | | | | |
| If restitution is ordered, what is the name that should be on the restitution checks? For example, your full name or the name of a business (if applicable): | | | | | | |  | | |
| Mailing Address: | |  | | | Email: | | |  | |
| Primary Phone #: | | (     ) | Secondary Phone #: | | | (     ) | | | |
|  | | | | | | | | | |

I do not wish to request restitution.

I submitted this information to the District Attorney’s office on (date, if known):

I want to request restitution for the expenses listed below.

If you would like to claim restitution, please list the losses you experienced as a result of the crime. Use additional paper if needed. If you have any receipts, bills, estimates, or other documents (such as an internet printout for a comparable item) that verify your losses, please attach copies. **Do not send original receipts.**

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| --- | --- | --- |
| **Stolen or Damaged Property**  Repair or replacement costs (estimates are acceptable) | **Amount** | **Is Copy of Receipt/Bill Attached?** |
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| **Medical Expenses**  Any amounts billed to or paid out by you, your insurance, Medi-Cal/Medicare, etc. | **Amount** | **Is Copy of Receipt/Bill Attached?** |
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| **Wages or Lost Profits** | **Amount** | **Is Copy of Receipt/Bill Attached?** |
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| --- | --- | --- |
| **Miscellaneous Losses**  Mental health counseling, attorney’s fees, residential security expenses, etc. | **Amount** | **Is Copy of Receipt/Bill Attached?** |
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**Victim Impact Statement**

You may provide a written statement describing how the crime impacted you. For example: How has it affected your well-being, or the well-being of people close to you? Have you or people close to you sought counseling? Have your relationships changed as a result of the crime? Did you have physical injuries or symptoms due to the crime? How has the crime affected your ability to work/attend school, make a living, run a household, enjoy activities, or feel safe? What changes have you had to make? Use additional paper if needed.

Your statement will be included in the presentence report or restitution report that the Adult Probation Department submits to the Court. Please note that your statement will not be confidential; the probation report will be made available to the defendant and to any member of the public for 60 days after the sentencing hearing.

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| **Your Signature:** |  | **Date:** |  |