

CHAD M. THURSTON
Chief Deputy

AUDRA SNYDER
Deputy Prosecutor

JULIE-MARIE BROWN
Deputy Prosecutor

DEATRA PETERSON
Victim Advocate

OFFICE OF THE
PROSECUTING ATTORNEY
ADAMS COUNTY
26TH JUDICIAL CIRCUIT OF INDIANA

JEREMY W. BROWN
PROSECUTING ATTORNEY

112 South Second Street
Courthouse, 1st Floor
Decatur, IN 46733
Telephone: (260) 724-5338
Email: prosecutor@co.adams.in.us

VICTIM RESTITUTION CLAIM

RE: Defendant's Name _____ Cause No. _____

As a victim of a crime, you may be entitled to restitution. Restitution is defined by law to include:

1. property damages incurred as a result of the crime, based on the actual cost of repair (or replacement if repair is inappropriate);
2. medical and hospital costs incurred by the victim (before the date of sentencing) as a result of the crime (the law does not permit recovery for pain and suffering in a criminal case);
3. earnings lost (before the date of sentencing) as a result of the crime including earnings lost while the victim was hospitalized or participating in the investigation or trial of the crime.

If you are entitled to restitution, you must provide an itemized list of your loss. To support your claim, you must attach copies of your receipts, estimates of repair, bills, employer statements as to loss of income and correspondence with your insurance company if your insurance company paid for a portion of the loss. If your insurance company paid a portion of all of your bills, please provide us with the name, address, and telephone number of your insurance company along with your claim number (if applicable). Return this form, signed by you, and the supporting documents, to the prosecutor's office personally, by mail, by fax or by email to prosecutor@co.adams.in.us.

While an Order of Restitution *may* be made a part of a defendant's sentence, probation or plea agreement, any final decision to order restitution rests exclusively with the judge. You may also be entitled to other damages as well. However, those cannot be recovered in a criminal case and you should consult with an attorney as to your right to recover additional damages.

MEDICAL, OPTICAL, DENTAL OR SIMILAR COSTS	TOTAL \$ _____
PROPERTY DAMAGE	TOTAL \$ _____
LOST WAGES	TOTAL \$ _____

If insurance paid a portion of your property damages, please provide us with a copy of the settlement letter or the following information:

Insurance Company: _____
Your local insurance agent's name: _____ Agent's Telephone: (____) _____
The Claim Number assigned to your claim by the insurance company: _____

I affirm, under the penalties for perjury, that the foregoing information and the supporting documents provided by me is true and correct.

Signature of victim or representative _____ Date _____