

DISTRICT ATTORNEY'S OFFICE RESTITUTION FORM

COMMONWEALTH V. _____

NAME: _____ ADDRESS: _____, _____

If the above address is incorrect, please update: _____

Please provide telephone numbers and hours available for contact:

Day: _____ Evening: _____ Cell: _____

Physical Injury/Counseling Services

1. As a result of this incident, were you physically injured? YES NO

a. If you received medical treatment, what is the total amount of expenses you owe and/or paid to date that is **NOT** covered by insurance, medical assistance, workmen's compensation?

\$ _____

b. If you received any counseling or therapy, what is the total amount of expenses you owe and/or paid to date that is not covered by insurance, medical assistance, workmen's compensation, or other?

\$ _____

2. Have you applied for the Pennsylvania Victims Compensation Assistance Program (VCAP)?

YES NO a. What is your claim number? _____

Property Damage

3. As a result of this incident, was any property damaged, lost or stolen? YES NO

a. Please list the value of any property that was damaged, lost, or stolen and has not been covered by insurance.

- | | | | |
|----------|----------|----------|----------|
| 1. _____ | \$ _____ | 5. _____ | \$ _____ |
| 2. _____ | \$ _____ | 6. _____ | \$ _____ |
| 3. _____ | \$ _____ | 7. _____ | \$ _____ |
| 4. _____ | \$ _____ | 8. _____ | \$ _____ |

TOTAL AMOUNT OF PROPERTY LOSSES \$ _____

If your property was stolen, is the Police Department holding your belongings as evidence?

YES NO

If you filed a claim with your insurance company, what was the amount of your deductible?

\$ _____

All itemized copies of medical, counseling and repair bills or estimates for the above expenses should accompany this form and both should be returned **via US mail** to

District Attorney's Office, ATTN:
Three South Penn Square
Philadelphia, PA 19107

or **via e-mail/fax** to

