

DISTRICT ATTORNEY'S OFFICE RESTITUTION FORM

COMMONWEALTH V. Defn: _____ Case#: _____

NAME: _____ ADDRESS: _____

Please provide telephone numbers and hours available for contact: _____

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

Have you received medical treatment? YES NO

If yes, amount of expenses incurred to date as a result of
medical treatment received. \$ _____

Any anticipated expenses. \$ _____

Were you psychologically injured as a result of this incident? YES NO

If yes, have you received any counseling or therapy? YES NO

Amount billed \$ _____

If yes, do you have insurance to cover all of these expenses? YES NO

Medical expenses paid by insurer, if known \$ _____

TOTAL MEDICAL EXPENSES \$ _____

Was any property damaged or lost as a result of this incident? YES NO

If yes, list the property and its value below and attach copies of
repair bills or estimates of repair or replacement costs.

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

TOTAL AMOUNT OF PROPERTY LOSSES \$ _____

If yes, do you have any insurance to cover these losses? YES NO

If you have insurance, how much is your deductible? \$ _____

Are you currently receiving Social Security or SSI YES NO

Have you applied for Crime Victim's Compensation? YES NO

Have you been harassed or intimidated regarding this case? YES NO

Please Return to:

District Attorney's Office, 3 South Penn Square, Philadelphia, PA 19107
