

FAYETTE COMMONWEALTH'S ATTORNEY OFFICE

RESTITUTION LOSS REPORT

116 N Upper Street, SUITE 300 \* Lexington, KY 40507 \* (859) 246-2060

\*\*\*Please see reverse side for additional instructions and information. Return within 7 days\*\*\*\*

Commonwealth of Kentucky v. \_\_\_\_\_ Defendant(s)

MEDICAL EXPENSES (ambulance, medical treatment, counseling, etc.)

Table with 2 columns: Type of Medical Care Provided, Address of Medical Provider

Were you covered by insurance? \_\_\_ Yes \_\_\_ No
Insurance Provider? \_\_\_\_\_ Co-Payment: \_\_\_\_\_

PROPERTY (stolen, destroyed, damaged) Use additional sheets if necessary

Table with 3 columns: Item, Description (included the date purchased and amount paid), Value of the item at the time stolen, etc.

Were you covered by insurance? \_\_\_ Yes \_\_\_ No
Name of Insurance Provider \_\_\_\_\_ Deductible paid: \_\_\_\_\_

THEFT OF CREDIT CARD/CHECKS: \$ \_\_\_\_\_

Were you reimbursed by your bank or credit card? \_\_\_ Yes \_\_\_ No Total Credit Card/Checks
If so, what is the name and address of your bank or credit card: \_\_\_\_\_

LOST EARNINGS \$ \_\_\_\_\_
Total Lost Earnings

OTHER EXPENSES \$ \_\_\_\_\_
Total Other Expenses

I have attached documentation or receipts for these losses where requested. I certify that this is a true and accurate statement regarding the losses I suffered as a direct result of this crime.

Name: \_\_\_\_\_ Signature \_\_\_\_\_
Address: \_\_\_\_\_ Date: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Email address: \_\_\_\_\_
Work Phone: \_\_\_\_\_

**\*\*\*THIS FORM MUST BE RETURNED, COMPLETED AND SIGNED, IN ORDER TO SEEK RESTITUTION IN YOUR CASE\*\*\***

**PLEASE RETURN WITHIN SEVEN (7) DAYS**

**“Restitution”** means an order made by a judge requiring the defendant to pay for the victim’s out of pocket expenses that were not covered by insurance and were incurred as a direct result of the crime.

Medical Expenses: Please provide a **copy of bill(s)** you received or paid for medical attention obtained as a direct result of the crime against you. If your expenses were for medications, assistive devices or other items directly purchased regarding your injury, please provide **receipts**. For counseling or therapy expenses, please provide a **copy of bill(s)** you received or paid for mental health services obtained as a direct result of the crime against you. For any medical or mental health treatment received, **please provide the name and address or the person or agency where you received treatment.**

Property: Please provide as much specific and detailed information as you can regarding any items that were stolen, damaged or destroyed as a direct result of the crime against you. Restitution is based on the **current market value (how much the item would have been worth at the time it was stolen/destroyed)** of the item, not the original cost. Any documentation you can provide to verify the current market value of an item will be beneficial in determining its restitution value and should be included when submitting this loss report.

Lost Earnings: If you suffered a loss in income as a direct result of the crime against you, you must provide a **letter from your doctor** stating that the injury you suffered kept you from returning to your normal employment from a specific date to a specific date. You must also provide a **letter from your employer** verifying your employment start date, your regular work schedule and your hourly wage. Lost Wage restitution will not be sought without this documentation.

Other Expenses: If you suffered a loss as a direct result of the crime against you that is different from those already listed, please document it in this section. This would include a **theft of cash**; in order to try and obtain restitution for cash that was stolen, it is important that we have documentation of the amount and explanation as to why that amount was in cash. For example, the stub from a paycheck that was just cashed, information on where the cash was obtained or an ATM receipt showing the amount of cash and the date that it was withdrawn.

Additional Instruction:

**Restitution will only be sought in cases where this form has been completed, signed and submitted to the Commonwealth Attorney’s Office prior to sentencing.**

If you have ongoing medical expenses or are still incurring expenses, such as for repairs, you can submit this form with your current information and then follow up with the Victim Advocate or Prosecutor on your case regarding any future expenditure. The laws applicable to restitution in a criminal case do not allow for any amount to be paid to the victim for “pain and suffering” only for direct out of pocket expenses.

**You may also be eligible for Crime Victims Compensation** which is a fund that provides financial assistance for innocent victims of violent crime. For more information and to get an application please call: 800-469-2120 or go to <http://cvcb.ky.gov/> .

Please contact your Victim Advocate or Prosecutor for additional information (859)246-2060

Please return this form to: **fayetteCWAO@prosecutors.ky.gov** or **Blerina Gojani, Restitution Coordinator  
Commonwealth Attorney’s Office 116 N  
Upper Street, Suite 300 Lexington, KY  
40507**