

FAYETTE COMMONWEALTH ATTORNEY'S OFFICE
RESTITUTION LOSS REPORT

116 N Upper Street * Lexington, KY 40507 * (859) 246-2060 or FAX (859)-246-2066

*****Please see reverse side for additional instructions and information*****

Commonwealth of Kentucky V. _____ Case # _____

I certify that I am the Victim in the above named case and that I have suffered the following losses as a direct result of the defendant's crime:

MEDICAL EXPENSES (ambulance, hospital, doctor, medicine, etc.) \$ _____
Total

Were you covered by insurance? ___ Yes ___ No
Insurance Provider? _____ Co-Payment: _____

PROPERTY (stolen, destroyed, damaged) \$ _____
Total

Were you covered by insurance? ___ Yes ___ No
Insurance Provider? _____ Deductible: _____

LOST EARNINGS \$ _____
Total

OTHER EXPENSES \$ _____
Total

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: _____

Address: _____

Signature _____

Date _____

Home Phone: _____

Work Phone: _____

***THIS FORM MUST BE RETURNED COMPLETED AND SIGNED IN ORDER

TO SEEK RESTITUTION IN YOUR CASE***

Restitution Information

“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**. Please list the name and address for the person or agency that treated you.

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 **replacement value** 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 some 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 and information on where the check was cashed. 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 returned, completed and signed, 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.

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/> .

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.

Please contact your Victim Advocate or Prosecutor for additional information.

Please return this form to: _____

**Commonwealth Attorney’s Office
116 N Upper Street, Suite 300
Lexington, KY 40507**

CA/VA.
Initials: