

**SHELBY COUNTY VICTIM SERVICES/RESTITUTION STATEMENT**

Victim Name:

Defendant(s) Name:

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1. Please list the item of property stolen/ damaged (include copy of receipts if possible.)  
Please list the value of property or the replacement/repair cost.

2. If you have received reimbursement from your insurance company for any losses, please list the dollar amount, the name of your insurance company with the complete address and the local agent=s name . Also list separately any deductible amount.

3. If you have had any out of pocket expenses such as crime scene clean up, repair of damages, insurance deductible, insufficient fund charges or losses and expenses not reimbursed by insurance please list. Attach copies of receipts/estimates for repair, etc.

4. Total restitution due victim ( minus insurance reimbursement ) \_\_\_\_\_ \*\*

5. Comments regarding sentencing (probation, jail, no contact with victim, etc. )

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Signature	Phone #	Date
Please return by		
	To: Susan Elsass	
	Shelby County Victim Services	
	P.O. Box 476	
	Sidney, OH 45365	

\*\* Restitution will not be ordered if information is not provided by the victim