



OFFICE OF THE PINAL COUNTY ATTORNEY
Kent Volkmer • Pinal County Attorney

IN AND FOR THE COUNTY OF PINAL
JUVENILE COURT

In the Matter of: _____)

_____)

Case No.: _____

Person Under the age of 18 years. _____)

**VERIFIED VICTIM
LOSS STATEMENT**

Allegations: _____

I, _____, am the victim in the above entitled case. As a direct result of this crime I have suffered the following economic losses:

Medical, Hospital and Counseling Bills: _____

_____ \$ _____

Repairs: _____

_____ \$ _____

Damages: _____

_____ \$ _____

Items Stolen: _____

_____ \$ _____

Other: _____

_____ \$ _____

DEDUCTIBLE: \$ _____

TOTAL LOSS: \$ _____

I am requesting restitution for my losses.

I am not requesting restitution for my losses. Please explain: _____

I do not have insurance.

I do have insurance.

My insurance company has reimbursed me in the amount of \$ _____.

The name and address of my insurance company is: _____
_____.

The name of my insurance agent: _____.

I have paid an insurance deductible in the amount of: \$ _____.

The insurance claim number is: _____.

ANY AND ALL DOCUMENTS THAT SUPPORT THE ABOVE LOSSES SHOULD BE ATTACHED TO THIS FORM AND MAILED TO:

**VICTIM SERVICES DIVISION
PINAL COUNTY ATTORNEY'S OFFICE
POST OFFICE BOX 1010
FLORENCE, ARIZONA 85132**

To the best of my knowledge, the information, the amounts and figures set forth herein represent my losses as a result of the above referenced crime.

Dated this _____ day of _____, 20 ____ .

VICTIMS NAME

SUBSCRIBED AND SWORN TO ME THIS ____ DAY OF _____, 20 ____

MY COMMISSION EXPIRES: _____

NOTARY PUBLIC