

**RESTITUTION AFFIDAVIT**

**STATE OF ALABAMA VS**

**DEFENDANT**

I am the Victim in this case. As a result of the Defendant's crime, I have suffered losses and request the Defendant be ordered to repay me the total listed below: ATTACH SEPARATE SHEET IF NECESSARY.

**THEFT LOSS**

Item: \_\_\_\_\_ \$ \_\_\_\_\_  
Item: \_\_\_\_\_ \$ \_\_\_\_\_  
Item: \_\_\_\_\_ \$ \_\_\_\_\_  
Item: \_\_\_\_\_ \$ \_\_\_\_\_  
Item: \_\_\_\_\_ \$ \_\_\_\_\_  
Item: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL THEFT LOSS:** \$ \_\_\_\_\_

**DAMAGE LOSS: {REPAIR, REPLACE CLEAN}**

Item: \_\_\_\_\_ \$ \_\_\_\_\_  
Item: \_\_\_\_\_ \$ \_\_\_\_\_  
Item: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL DAMAGE LOSS:** \$ \_\_\_\_\_

**MEDICAL EXPENSES: {Pharmacy, Doctor, Ambulance, Hospital, etc}**

Name: \_\_\_\_\_ \$ \_\_\_\_\_  
Name: \_\_\_\_\_ \$ \_\_\_\_\_  
Name: \_\_\_\_\_ \$ \_\_\_\_\_  
Name: \_\_\_\_\_ \$ \_\_\_\_\_  
Name: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MEDICAL EXPENSES:** \$ \_\_\_\_\_

**OTHER EXPENSES:**

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL OTHER EXPENSES:** \$ \_\_\_\_\_

**TOTAL LOSS TO VICTIM:** \$ \_\_\_\_\_

**LESS TOTAL RECOVERY TO VICTIM:** \$ \_\_\_\_\_

**{Insurance Settlement or Recovered Items}**

**TOTAL RESTITUTION DUE TO VICTIM:** \$ \_\_\_\_\_

**TOTAL**

I hereby certify that this is a true and accurate statement

DATE: \_\_\_\_\_

VICTIM'S SIGNATURE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

IF "VICTIM" IS A BUSINESS

PRINTED NAME: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PLEASE RETURN TO ANGEL GROGAN, VSO

OFFICE OF THE DISTRICT ATTORNEY

P.O. BOX 8248

GADSDEN, AL 35902

OR FAX: 256-549-5286 THANK YOU!

TELEPHONE: \_\_\_\_\_