

Restitution Information

TOTAL AMOUNT _____

If you incurred expenses due to a crime committed against you, please fill out the following form. If you qualify for restitution, we would like to ask for that money on your behalf. Examples include: Property damages or repairs, medical bills, items of theft (**fair market value**), and insurance deductibles. Other expenses may qualify. Please Contact your Victim/Witness Advocate with any questions. Mail claim to:

Hall County District Attorney - **Attention: Victim Advocate**
P.O. Box 1690
Gainesville, GA 30503

****Please note that your information will only be shared with the District Attorney's Office, the Probation Department, and/or the Department of Corrections. A social security number must be provided so the appropriate agency can attempt to locate you in the event of a returned restitution payment ****

Name of Defendant: _____

Your information

Name _____

Home phone _____

Mailing Address _____

Work phone _____

Cell phone _____

Insurance Information DID YOU FILE AN INSURANCE CLAIM? YES NO

Insurance Co. Name _____

Insurance Deductible _____

Insurance Co. Address _____

Amount paid by Insurance _____

Amount not paid by Insurance _____

Insurance Co. Phone _____

Policy holder's name _____

Policy Number _____

Agent Name _____

Claim Number _____

Property Information

If any property was stolen from you, please list the items and the **fair market value** below. **YOU MUST ATTACH ANY AND ALL BILLS, ESTIMATES, RECEIPTS, AND/OR OTHER DOCUMENTATION SUPPORTING YOUR CLAIM.** If the defendant in this case disputes any amount of restitution, a hearing would be held and you would be required to prove any claimed amount. Use the back of this sheet if needed.

Item

Value

