



DISTRICT ATTORNEY
SEVENTH JUDICIAL DISTRICT

As a victim of crime, you may have suffered financial or other losses. You may be eligible to receive restitution for losses caused by the criminal conduct of the defendant.

Please fill out this form carefully and return it as soon as practical so that we may attempt to obtain an order of restitution to repay the losses caused by the defendant. Please be aware that there are some instances when the court does not order restitution.

Visit our website for further information at www.co7da.org.

RESTITUTION STATEMENT

Defendant's name: _____

Date of criminal offense or date of loss: _____

Which county is the case in? Delta Gunnison Hinsdale Montrose Ouray San Miguel

Court Case Number (if you know): _____

Total PROPERTY loss: \$ _____ (Attach copies of receipts and estimates, etc.)

Was the property recovered? Yes No

Was the property loss covered by your insurance? Yes No

Amount paid by insurance \$ _____ Deductible paid: \$ _____

Name of your PROPERTY Insurance Company: _____

Address: _____

Agent Name: _____ Phone: _____

Policy Number: _____ Claim Number: _____

Total MEDICAL/THERAPY loss: \$ _____ (Attach copies of bills, receipts, etc.)

Was the medical/therapy loss covered by your insurance? Yes No

Amount paid by insurance \$ _____ Deductible paid: \$ _____

Name of your MEDICAL Insurance Company: _____

Address: _____

Agent Name: _____ Phone: _____

Policy Number: _____ Claim Number: _____

Have you applied for CRIME VICTIM COMPENSATION? Yes No

If so, has it been granted? Yes No

Or is it still pending? Yes No

Have any expenses been paid by the DEFENDANT'S Insurance Company? Yes No

Amount paid: Property: \$ _____ Medical: \$ _____

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RESTITUTION REMARKS (Any additional financial loss data and/or explanation)

Please include copies of all receipts, estimates and medical bills with this form. You must send us this information promptly or we may not be able to claim any restitution. If your information will be delayed, please call our Restitution Services Staff at 970-252-4260.

Our Restitution Services Staff can also help with information on how to prove that you suffered a loss and the amount of the loss. Visit our website for further information at www.co7da.org.

You may have the right to pursue a civil judgment against the defendant for damages incurred as a result of the crime, regardless of whether or not the defendant is ordered to make restitution to you.

Your Name: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Phone Numbers: Day: _____ Ext: _____ Cell/Other: _____
Date Form Completed: _____

PLEASE RETURN THIS RESTITUTION STATEMENT TO:

By e-mail to: mail@co7da.org

By U.S. mail to: District Attorney's Office
1140 N. Grand Ave., Suite 200
Montrose, CO 81401