

RESTITUTION STATEMENT

DA Case Number:
Division:
Defendant:
Restitution Phone: 303-659-7720

Police Agency Case Number:
Date of Crime:
Victim:

Completing this form is voluntary. This form will also be used to determine the amount of restitution owed to you and your family. Your completed statement will become an official court document and will be read by the District Attorney, Judge and possibly a Probation Officer assigned to the case. **The Defense Attorney and/or defendant will also be provided a copy of your Restitution Statement and any supporting documentation.** In addition, if the defendant is sentenced to a prison term, prison or parole officials may read your statement.

If you have questions or need assistance with this form please contact the Restitution Unit at 303-659-7720.

Let us know immediately if your address changes, even after the case is closed. If restitution is ordered, it is normally paid in small monthly payments over a long period of time. Sometimes, restitution is paid years after sentencing and the court will need a good address to forward your payments.

Please make and keep a copy of this form and attachments you include.

We encourage you to participate in the criminal justice process by completing the Restitution Statement and by attending public court hearings. At the Judge's discretion you may be allowed to address the court and provide sentence recommendations. This could occur at any hearing where the defendant pleads guilty or is found guilty at trial.

Do you wish to complete this form: **YES (Complete the sections important to you)**
 NO (Please sign page 2)

PART 1: Sentence Recommendations

What information would you like the Deputy District Attorney to pass on to the Magistrate/Judge to consider for sentencing?

PART 2: Insurance Information

Losses must be submitted to insurance, when available. Please complete each question. If the question does not pertain to your situation please write "N/A."

- 1. Do you have insurance? Yes No
- 2. Have you filed a claim with your insurance company? Yes No
- 3. Has your insurance paid for crime related expenses? Yes No
- 4. Please complete the following with your information:

Medical Insurance: Company Name _____
Claim/Group No. _____

Car/Home Owner's Insurance: Company Name _____
Policy No. _____ Phone No. _____
Claim No. _____ Deductible: _____

- 5. To your knowledge, does the Defendant have insurance? Yes No
- 6. Has the Defendant's insurance paid your losses? Yes No
- 7. Has the Defendant paid your losses? Yes No

PART 3: LOSSES

Restitution does **NOT** include damages for physical or mental pain and suffering, loss of marital affection, loss of enjoyment of life, loss of future earnings, or punishment.

LOSSES: In this section, list the losses you had due to this crime. Please include any medical expenses and damaged property. Attach copies of bills, receipts, estimates, payroll check stubs, and or a full explanation to prove your loss. Attach additional pages as needed. If you don't attach receipts, or proof of payment and/or a full explanation of the costs, we can't ask the judge to include it as restitution.

Description of expense or damage	Cost	Is receipt, estimate or bill attached?

Were you seen by a medical professional? Treatment at the scene only Treatment at a medical center
 Hospitalized for ___ days Other (Please Explain)

Do you expect to need ongoing medical care due to crime related injuries? _____ Yes _____ No
Please provide an estimate for future medical expenses in the section above.

Was any of the above listed property returned to you by police? _____ Yes _____ No
If yes, please list any undamaged property that has been returned to you.

CLAIM FOR RESTITUTION: Please print your total costs in the box below, taking into consideration items recovered (if any.) Send back the completed form – we can't ask the Court for restitution unless you send back this form indicating your losses. Remember to include copies of your receipts, invoices, estimates, payroll check stubs and/or a full explanation to prove your loss. If the defendant disagrees with the amount you are claiming s/he may request a Restitution Hearing. If a Restitution Hearing is set, you will be subpoenaed to testify and will need to provide documentation of your losses. Keep a copy of whatever documentation you send us.

<input type="checkbox"/> I AM ASKING FOR RESTITUTION IN THE AMOUNT OF \$ _____ OR <input type="checkbox"/> I AM NOT ASKING FOR RESTITUTION
--

CERTIFICATION AND RELEASE:

I do hereby swear that the above information is true and correct to the best of my knowledge and belief. Further, I authorize release of information by the above named insurance company/medical providers to the Seventeenth Judicial District Attorney's Office for purposes of establishing restitution.

Signature _____ Date _____

Printed Name _____

Daytime Phone _____ Cell Phone _____

Mail to: District Attorney's Office- Restitution
1000 Judicial Center Drive Ste. 100
Brighton, CO 80601

Spanish

Si no puede leer o hablar inglés, por favor tenga un amigo que habla inglés o miembro de la familia llamar a la unidad de servicios para víctima y testigos unidad a 303-659-7735.

Cambodian

ប្រសិនបើអ្នកមិនចេះអាន ឬនិយាយភាសាអង់គ្លេសទេ, សូមឱ្យសាច់ញាតិ ឬអ្នកចេះនិយាយភាសា
អង់គ្លេស ហៅមកក្រុមជំនួយការជនរងគ្រោះ លេខ ៣០៣-៦៥៩-៧៧៣៥ ។

Chinese

假如您不能读或讲英语，请找一位会讲英语的朋友或家人打电话给受
害人/证人服务小组，电话号码 303-659-7735。

Korean

영어를 읽을 수 없거나 말할 수 없는 분은, 영어를 말할 수 있는 친구나
가족을 통해서 303-659-7735 로 피해자/증인 서비스 부서에 연락하십시오.

Laotian

ຖ້າທ່ານບໍ່ສາມາດອ່ານຫຼືບາກເວົ້າພາສາອັງກິດໄດ້,
ກະລຸນາໃຫ້ເພື່ອນຫຼືສະມາຊິກໃນຄອບຄົວຂອງ
ທ່ານທ່ານບາກເວົ້າພາສາອັງກິດໄດ້
ໂທຣະສັບຫາໜ່ວຍບໍລິການຜູ້ທີ່ຖືກເຄາະຮ້າຍ/ພະຍານໄດ້ທ່ານ ເລກ 303-
659-7735

Russian

Если Вы не говорите и не читаете по-английски и Вам нужна помощь, пожалуйста, попросите
родственника или знакомого, владеющего английским языком, помочь Вам позвонить в
"Программу помощи пострадавшим". Вы можете связаться с нами по тел. 303-659-7735.

Thai

หากท่านไม่สามารถอ่านหรือพูดภาษาอังกฤษได้
กรุณาขอให้สมาชิกในครอบครัวหรือเพื่อนของท่าน
โทรศัพท์แจ้งเหตุที่หน่วยบริการผู้เสียหาย
ย 303-659-7735.

Vietnamese

Nếu bạn không đọc và nói được tiếng Anh, hãy nhờ người bạn hoặc người nhà
biết tiếng Anh gọi đến Đơn Vị Phục Vụ Nạn Nhân/ Người Làm Chứng tại số 303-
659-7735.