

**RESTITUTION AFFIDAVIT**

JID \_\_\_\_\_ ADA \_\_\_\_\_  
Case# \_\_\_\_\_  
File # \_\_\_\_\_

IN THE CIRCUIT COURT FOR THE SIXTH JUDICIAL CIRCUIT  
TUSCALOOSA COUNTY, ALABAMA

State of Alabama, Plaintiff v. \_\_\_\_\_, Defendant

I am the Victim in this case. I hereby request the Court to enter an Order of Restitution for the losses or damage suffered due to the Defendant's criminal activity or conduct. The following does not include any property or expenses already recovered by me from the Defendant.

- 1. PROPERTY EXPENSES (to replace, repair, or clean) \$ \_\_\_\_\_  
\_\_\_\_\_
  - 2. MEDICAL EXPENSES (medicine, doctor, hospital, ambulance, etc.) \$ \_\_\_\_\_  
\_\_\_\_\_
  - 3. MISSED WORK (pay/hour) \$ \_\_\_\_\_  
\_\_\_\_\_
  - 4. TRAVEL EXPENSES \$ \_\_\_\_\_  
\_\_\_\_\_
  - 5. FUNERAL EXPENSES \$ \_\_\_\_\_  
\_\_\_\_\_
  - 6. OTHER EXPENSES (itemize) \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- TOTAL \$ \_\_\_\_\_  
Insurance Payment \$ \_\_\_\_\_  
**Amount Due Victim** \$ \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature of Victim DATE

\_\_\_\_\_  
My commission expires

\_\_\_\_\_  
Print Name of Victim

Address: \_\_\_\_\_

(NOTARY SEAL)

\_\_\_\_\_  
Telephone No. \_\_\_\_\_

MAIL TO: Office of the District Attorney  
410 County Courthouse  
Tuscaloosa AL 35401