

**RESTITUTION STATEMENT**

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 and/or damages 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. *(include details in space below each category)*

- 1. PROPERTY EXPENSES (to replace, repair, or clean).....\$ \_\_\_\_\_
- 2. MEDICAL EXPENSES (medicine, doctor, hospital, ambulance, etc.).....\$ \_\_\_\_\_
- 3. LOST WAGES (pay/hour).....\$ \_\_\_\_\_
- 4. TRAVEL EXPENSES.....\$ \_\_\_\_\_
- 5. FUNERAL EXPENSES.....\$ \_\_\_\_\_
- 6. OTHER EXPENSES.....\$ \_\_\_\_\_

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*Please retain any bills/invoices/records related to your losses in the event that they are required at a later date.*

<b>SUBTOTAL</b>	\$ _____
<b>subtract insurance payment(s)</b>	-\$ _____
<b>TOTAL DUE TO VICTIM</b>	\$ _____

Victim Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Home#: \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

E-mail: \_\_\_\_\_

-----**FOR OFFICE USE ONLY**-----

JID: \_\_\_\_\_

DDA: \_\_\_\_\_

Case# \_\_\_\_\_

Please mail or deliver this form to **Tuscaloosa Co. District Attorney, 714 Greensboro Avenue Suite 410, Tuscaloosa AL 35401.**  
You may also complete and file an electronic version of this form at [www.TuscaloosaDA.com](http://www.TuscaloosaDA.com) (under "Forms")