

RESTITUTION STATEMENT

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

State of Alabama, Plaintiff v. _____, Defendant **(REQUIRED FIELD)**

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 beneath each category)*

PROPERTY EXPENSES (to replace, repair, or clean).....\$ _____

MEDICAL EXPENSES (medicine, doctor, hospital, ambulance, etc.).....\$ _____

LOST WAGES (pay/hour).....\$ _____

TRAVEL EXPENSES.....\$ _____

FUNERAL EXPENSES.....\$ _____

OTHER EXPENSES.....\$ _____

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

SUBTOTAL \$ _____

subtract insurance payment(s) -\$ _____

TOTAL DUE TO VICTIM \$ _____

DA Case# _____

(You may have received a postcard from the D.A. Office with the case#. If not, please contact 349-1252 to obtain the correct case# before filing this form.)

Victim Signature _____

Date _____

Victim Name (PRINT) _____

Victim Address: _____

Home#: _____ Cell# _____ Work# _____

E-mail: _____

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

JID: _____

DDA: _____

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 (under "Forms")