BAILEY A. SMITH
TETON COUNTY PROSECUTING ATTORNEY

Restitution Request Form

If you have questions, please contact the Teton County Office of the Prosecuting Attorney at (208) 354-2990

State of Idaho vs. _____ Case Number _____

Please Check ALL THAT APPLY:

- ❑ I am not requesting restitution.
- ❑ The defendant's insurance covered my losses.
- ❑ I hired a Civil Attorney regarding this incident. Attorney's Name _____
- ☐ My insurance company has covered the entire loss, except that I had to pay my insurance deductible which is $_____. (**Please complete section 1 below.**)
- ☐ I have losses that were not or only partially covered by insurance. The total amount of my out of pocket expenses (including any insurance deductible that I've paid) is $_____ as described below. (**Please complete sections 1, 2, 3, and 4 below as appropriate.**)
- ❑ I submitted an application to the Victims Compensation Program.
- ❑ I expect future additional costs. (**Attach explanation / estimate of future costs.**)

1. INSURANCE (AUTO/HOMEOWNER'S/MEDICAL) ***If you need more space, attach additional pages.*** *(Defendant may be held financially responsible for the amount your insurance paid on your claim.)*

-Insurance Company _____ Claim/# _____
-Adjustor Name _____ Phone# _____

2. PROPERTY DAMAGE/LOSS If the police did **NOT** recover your property, **include documentation** (in the form of receipts, invoices, estimates, and/or printout from manufacturer's website) reflecting the cost of repair or replacement of your property ***(If you need more space, attach additional pages)***.

Item Description _____ **Cost: $** _____
Item Description _____ **Cost: $** _____
Item Description _____ **Cost: $** _____

3. MEDICAL BILLS (include copies) ***If you need more space, attach additional pages.***

-Hospital/Provider Name _____ Treatment Date _____
-Physician(s) Name _____

4. LOST WAGES (as a direct result of this criminal act) ***If you need more space, attach additional pages.***

Dates off work _____ Lost Wages **$** _____
-Provide written documentation from your Supervisor verifying the above loss.

TOTAL RESTITUTION REQUESTED

To the best of my knowledge, all the information on this form and any additional pages are true and accurate and I recognize that I may have to testify in court under oath, concerning the information I have provided.

_____ _____ _____
Signature Print Name Date

_____ _____
Email Address Address/City/Zip

_____ _____ _____
Name of Business (if victim) Home/Cell Phone Work Phone