

**Instructions: Please fill out all information below regarding losses incurred by you because of the defendant's criminal conduct. Complete only that which applies to your case and attach all documentation. If you need additional space, please attach a separate sheet of paper to this affidavit. If you have any questions, please contact VSO Beverly Bozarth at 256-582-8113.**

**IN THE CIRCUIT COURT OF MARSHALL COUNTY, ALABAMA**  
**STATE OF ALABAMA** \*\*

VS. \*\* CASE NO.: CC-\_\_\_\_\_ -

\*\*

## **RESTITUTION AFFIDAVIT**

I, the victim or the victim's designated representative in the above-styled case, suffered financial losses as a result of the Defendant's criminal conduct. I certify that this is a true and accurate statement and request the Defendant be ordered to pay restitution in the total amount listed below:

#### 1. TRAVEL EXPENSES: (.70 per mile):

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(List purpose & mileage for each round trip: Examples of approved travel expenses include: traveling to obtain a protective order, traveling to meet with the investigator or DA's Office staff, traveling for court)

**2. MISSED WORK (Hours Missed/Hourly Rate): # Hours Missed x Hourly Pay: \$**

(Examples of approved missed work expenses include: work missed for medical reasons, for court, or for mandatory meetings with investigators or DA's Office staff)

#### Dates Missed:

Total # of Hours Missed:

Hourly Rate of Pay: \_\_\_\_\_

### 3. PROPERTY EXPENSES (Repair, Replace, Clean):

8

(Include any invoices, estimates, or appraisals relative to this claim. Please do not include amounts you received reimbursement for from insurance companies or others)

#### 4. MEDICAL EXPENSES (Hospital, Ambulance, Doctor Visits, etc.): \$

5. OTHER (Please itemize any additional claims and include documentation. \$ \_\_\_\_\_  
Other approved expenses could include: funeral expenses, towing, etc.);

6. : Please initial here ONLY if no restitution is being claimed

Victim's Name (Individual or Business/Organization):

Address:

Phone Number: Home: Cell: Work: