

RESTITUTION RECOVERY FORM

DEFENDANT'S NAME: _____ CASE NO: _____

NAME AND ADDRESS OF VICTIM/CLAIMANT: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____ CELL PHONE: _____

TYPE OF LOSS (may attach additional paper if needed for space) **AMOUNT**

PERSONAL PROPERTY DAMAGE: (please list type of damage i.e. cash, wallet, glasses, and attach estimates) \$ _____

PROPERTY DAMAGE: (please list type of damage, i.e. home, car, etc., and attach two estimates) \$ _____

PERSONAL INJURY: (please list and attach copies of medical bills and prescriptions) \$ _____

STOLEN PROPERTY: (please list individual items and amounts. Use present values not replacement costs) \$ _____

OTHER: (please list items and the amounts) \$ _____

OUT OF POCKET EXPENSES RELATED TO CRIME: (please attach receipts) \$ _____

TOTAL AMOUNT OF LOSS \$ _____

DO YOU HAVE INSURANCE COVERAGE? _____ IF YES, WHAT IS THE AMOUNT OF YOUR DEDUCTIBLE? _____

DO YOU PLAN TO SUBMIT A CLAIM WITH YOUR INSURANCE CARRIER? _____

NAME AND ADDRESS OF YOUR INSURANCE CARRIER: _____

HAVE YOU RECEIVED ANY MONEY FROM YOUR INSURANCE CARRIER? _____

I hereby authorize the use of any information I have provided in the attempt to recover restitution, including release of medical records or related information.

WHEN COMPLETED, PLEASE RETURN TO: **DATE:** _____

**DISTRICT ATTORNEY'S OFFICE
ATTN: VICTIM WITNESS
201 S. JONES, RM: 300
NORMAN, OK 73069
405-573-1317**

VICTIM/CLAIMANT SIGNATURE

IMPORTANT NOTICE TO CLAIMANT: Pursuant to 22 O.S. 991f - The unexcused failure or refusal of the crime victim to provide all or part of the requisite information prior to the sentencing, unless disclosure is deferred by the court, shall constitute a waiver of any grounds to appeal or seek future amendment or alteration of the restitution order predicated on the undisclosed available information.