STATEMENT OF LOSS

Company Name:
Name: Defendant Name:
Address: Case Number:
City, State, Zip: Court Number:

( ) I want to make a claim. My loss information is listed below.
( ) I do not wish to make a claim for restitution in this matter. (Print your name and sign only)
( ) I have filed a claim with the CA Victim Compensation Board (CalVCB) Claim No. _____

List only the property you believe has not been recovered. Do not list property being temporarily held as evidence by the police. You may contact the arresting agency to recover your items. If you need more space to list items or explain losses, add an additional sheet of paper.

A) Stolen or Damaged Property (Repair or replacement costs, estimates are acceptable)

Description of item	Amount	Receipt/Bill (Y/N)?

Total A $_____

B) Medical Expenses (Any amounts billed to you or paid by you)

Description of item	Amount	Receipt/Bill (Y/N)?

Total B $_____

C) Loss of Wages or Profits (Letter from employer, paystub or W-2)

Description of item	Amount	Document attached (Y/N?)

Total C $_____

Company Name:
Name:
Address:
City, State, Zip:

Defendant Name:
Case Number:
Court Number:

D) Miscellaneous Losses (Civil attorney's fees, residential security expenses, mileage etc.)

Description of item	Amount	Receipt/Bill (Y/N)?

Total D $_____

E) Insurance Information (Auto or homeowners)

	Amount $
Amount paid by the defendant's insurance to date:	
Are any losses covered by your insurance? (Y/N)?	
If yes, amount you were required to pay, including deductible:	

Grand total requested for sections A-E	$

Under penalty of perjury, I declare the foregoing true and correct:

Signature of Victim

Phone Number

(If company, please print your name and title)

E-mail

Riverside County Probation Department
Victim Restitution and Resources Division
4075 Main Street, Suite 200
Riverside, CA 92501