

IN THE IOWA DISTRICT COURT FOR WINNESHIEK COUNTY

STATE OF IOWA vs. _____	Case No. _____ VICTIM RESTITUTION CLAIM
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The following and any attachments represent my losses from the Defendant's crime(s).

I have filed a claim with the Crime Victim Compensation Program. Yes No

Please attach documentation of expenses as well as amounts paid by insurance and Crime Victim Compensation.

Please refer to the Restitution Information Sheet for more detailed explanations of each section.

MEDICAL / DENTAL / COUNSELING EXPENSES:

(not covered by personal health insurance or Crime Victim Compensation)

Name of Physician/Hospital/Clinic/Counselor	Total Bill Before Insurance	Balance after insurance or Crime Victim Compensation payment
	\$	\$
	\$	\$
	\$	\$

PROPERTY STOLEN OR DAMAGES INCURRED: (not covered by personal insurance)

Describe item	Value of Item/Dollar Amt of Damage	Balance after insurance payment
	\$	\$
	\$	\$
	\$	\$

OTHER LOSSES: (examples: lost wages, day care, transportation, funeral expenses)

(not reimbursed by personal insurance or Crime Victim Compensation)

Describe Loss	Balance after insurance or Crime Victim Compensation Payment
	\$
	\$
	\$

If more space is needed, place additional information on a separate sheet and attach.

I certify that to the best of my knowledge, the information contained in this claim is true and accurate.

Signature: _____ Date: _____