



Perry County
Victim/Witness Program

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District Attorney

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Victim/Witness Coordinator

Commonwealth v. _____ In Re: _____
Case No. _____

Restitution provides victims with the opportunity to receive compensation for the financial losses incurred as a direct result of the crime, such as medical, dental or counseling expenses or claims for cash or property loss. Under Pennsylvania law, restitution amounts must be ordered at the time the defendant is sentenced; as such, all claims for restitution must be returned properly completed and substantiated prior to the sentencing date of the defendant or you may lose your right to claim restitution. If you receive compensation from another source such as an insurance carrier, you may not seek restitution for the same loss. Your insurance carrier may be entitled to claim their pay-out as restitution. Attach copies of all estimates, bills or receipts to substantiate these claims.

Name of Victim _____ Phone (Home) _____
Address _____ Phone (Work) _____

Table with 2 columns: Description of Loss, Value/Expense Amount. Includes rows for individual losses and a summary row for Total Loss/Damage (minus) Amount Insurance Covered (equals) Total Out-of-Pocket Expense.

PLEASE COMPLETE THE FOLLOWING:

- 1. Was the claim covered by insurance? Yes, No, In-part
2. Have you submitted a claim to an insurance carrier? Yes, No (other than medical insurance - if yes, complete insurance information below)
3. Did you pay a deductible on your insurance claim, if so list amount: \$ _____
4. Do you have medical insurance that covered your medical expenses? Yes, No
5. Was any property listed above recovered by law enforcement? Yes, No
6. Has any property listed above been returned to you? Yes, No
7. If personal injury, are there ongoing medical related expenses? Yes, No, In-part

OR CHECK THE FOLLOWING:

I have NO out-of-pocket expenses to claim or am electing NOT to submit a claim. I understand that I will be unable to claim such restitution after sentencing in this proceeding.

Name of Insurance Company _____ Agent's Name _____
Address _____ Policy Number _____
Phone Number _____
Date: _____ Victim's Signature _____

RETURN FORM TO: P.O. Box 518
New Bloomfield, PA 17068

Phone: (717) 582-5122
Fax: (717) 582-5163

*Victims may also apply to the Victim Compensation Board for medical expenses, lost wages, funeral and/or burial expenses. 1-800-233-2339