AFFIDAVIT OF LOSSES

Return completed form within 15 days by mail, fax or email to:

Mobile County District Attorney's Office
Victim Service Officer
PO Box 2841, Mobile, AL 36652

Email: Fax: (251) 574-3311

CASE INFORMATION:

Victim's Name:

Defendant's Name:
Offense:
Case #: Judge: GJ: No>>
Co-Defendant's Name/s: CC: Judge:

COMPLETE ONLY THE SECTIONS THAT APPLY TO YOUR CASE
IF THERE IS NO RESTITUTION DUE PLEASE SKIP TO PART VII

I. PROPERTY DAMAGE/LOSS: ATTACH DOCUMENTATION, ESTIMATES OR BILLS, IF AVAILABLE.

Item	Description of Damage	Cost to Replace, Repair or Clean
____________	______________________________	$__________
____________	______________________________	$__________
____________	______________________________	$__________
____________	______________________________	$__________

TOTAL PROPERTY DAMAGE $__________

II. MEDICAL EXPENSES: Include cost of prescription drugs, ambulance fees, hospital and laboratory bills, and doctor bills. PLEASE ATTACH ALL AVAILABLE BILLS TO THIS FORM. Attach additional sheet, if necessary. *Note: some individuals may need more than 30 days to receive bills or complete affadavit.*

Description (list name of service provider)	Amount
Hospital:	$__________
Doctor:	$__________
Doctor:	$__________
Ambulance:	$__________
Prescriptions:	$__________
Other:	$__________

Subtotal from attachment: (if no attachment, write "none"....)

TOTAL MEDICAL EXPENSES: $__________

III. LOST WAGES: ATTACH LETTER FROM EMPLOYER OR LAST TWO PAY STUBS.

Number of work days missed due to crime: ____ times ________ net pay = ____________**NET LOST WAGES**
Employer's Name and Address:______________________________
Employer's telephone number:______________________________
Employer's contact name:______________________________

Were you paid (sick leave, annual leave, vacation, etc) while you were off from work? ______yes ______ no

IV. OTHER EXPENSES/COMMENTS:

List additional expenses or losses that you have incurred as a result of the criminal act. Attach additional sheet, if necessary. *If an individual, credit card company, bank or some other agency has reimbursed you for all or part of your losses, please provide their name, address and telephone number in the COMMENTS section below.*

Item	Cost
______________________________	$__________________
______________________________	$__________________
______________________________	$__________________
TOTAL EXPENSES	$__________________

COMMENTS:

V. EXPENSES OR LOSSES RECOVERED

a. Amount recovered or anticipated to be recovered from medical or health insurance $__________________

Name & Address of Insurance Company

Policy #:____________________ Telephone #:____________________

b. Amount recovered or anticipated to be recovered from property insurance $__________________

Name & Address of Insurance Company

Policy #:____________________ Telephone #:____________________

c. Value of recovered property____

d. Other recovery (explain)____

TOTAL RECOVERED: $__________________

VI. RESTITUTION

Total of Property Loss/Damage ________________ Total Losses (Sections I-IV) $__________________

Total of Medical Expenses ______________ MINUS: Total Recovered (from section V) $________________

Total of Lost Wages ________________

Total of Other Expenses ________________

TOTAL RESTITUTION DUE TO VICTIM $______________________

VII. If there is **NO** restitution due to you, please sign, date and return this form to the District Attorney's Office.

Date________________ Signature____

AFFIDAVIT

I do hereby certify that the above answers are true and accurate. I understand that a false statement of answer to any questions in this affidavit will subject me to penalties for perjury.

Signature: ________________________________ Address:

Date: ________________________________ City/State/Zip:

Phone (day) ________________(evening)__________________

Email address: ____

PLEASE NOTARIZE **OR** PROVIDE THE SIGNATURES OF TWO WITNESSES WHO OBSERVE YOU SIGN THIS DOCUMENT:

Sworn to and subscribed before me this the _________ day of ______________________________, 20 _____.

Witness #1: ________________________________ Notary____

Witness #2: ________________________________ My commission expires____________________________