

Crime Victim's Statement of Pecuniary Damages

Criminal Number

Defendant's Name

The following is a list of my out of pocket expenses not paid by insurance or Crime Victim Compensation Program. Attach documentation of loss to form, i.e. estimates, insurance claim, receipts, owner's manuals, photos, etc.

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

TOTAL \$ _____

Dated this _____ day of _____, 200__.

Victim's Signature