

Verified Victim Statement of Financial Loss

Juvenile:
Probation Officer:

File Number:
JV Number:

DR #s:

Accomplices	File Number	Case Number	Probation Officer
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Victim:

1. Total amount of lost wages \$ _____
2. Total medical expenses \$ _____
3. Total cost of property damage or loss \$ _____
4. Total of losses (lines 1, 2 and 3) \$ _____
5. Total reimbursement from insurance \$ _____
6. Subtract line 5 from line 4; this is the amount the Court will consider \$ _____

State of Arizona - County of Maricopa

_____, being first duly sworn upon oath, deposes and says that he/she has read the foregoing and knows the contents thereof and that the facts contained therein are true and correct to the best of the victim's knowledge, information and belief.

Victim's Signature
(Your signature must be notarized)

Subscribed and sworn to before me this _____ day of _____, 2_____.

My commission expires _____

Notary Public's Signature

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REQUEST FOR RESTITUTION

If you are seeking restitution, complete this form. (Please disregard if Verified Victim Statement has already been completed.)
Have it notarized, and return it as soon as possible to:

Clerk of the Superior Court
3131 W. Durango
Phoenix, AZ 85009-6292

Attach documentation of your losses with pay stubs, proof of lost wages, medical bills, repair estimates or invoices, value appraisals, or other such items. Your claim cannot be considered without documentation.

You may also attend the court hearing to testify about your loss.

Even though you return this form, you may still be required to attend court and testify about the crime. If you are requested by the County Attorney to testify, you should attend the court hearing. If you receive a summons or subpoena, you must attend the court hearing.

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CONFIDENTIAL INFORMATION

Juvenile:
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If restitution is ordered by the Court to be paid to you, please indicate the mailing address where payment should be sent.

Victim Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Is the victim a business or insurance company: Yes No

You must provide YOUR business or insurance company reference number if you want this to be reflected on any payments sent to you for your own reference.

Reference Number: _____

Mail this document to:

Clerk of the Superior Court
3131 W. Durango
Phoenix, AZ 85009-6292

It is the victim's responsibility to maintain a current address with the Clerk of the Superior Court. All changes of address must be made in writing to the address listed above.

RETURN ADDRESS:

Juvenile Durango
3131 W. Durango
Phoenix, AZ 85009-6292

To the parent/guardian of

SAMPLE ONLY
Do Not Fill Out
Contact the Victim Rights Coordinator
at 602-506-3437