

**THIRTY-FIRST JUDICIAL CIRCUIT JUVENILE COURT
VICTIM LOSS STATEMENT**

Complete this form and return no later than _____ to:

Greene County Juvenile Office
Attn: Mandi Franck
1111 North Robberson
Springfield, MO 65802
FAX: (417) 868-4119

Victim's Name _____

Address _____

City, State and Zip Code _____

Telephone: Home _____ Cell _____

Email: _____

Please list property taken or damaged or the type of injuries you have sustained (attach paper as needed): **You must include bills, receipts or estimates for damages under \$150.00. Two estimates are needed for damages exceeding \$150.00. If there is no original receipt, a printout from the Internet of an identical or similar item is acceptable. Please include only the cost of replacement (not upgrades).**

Item	Amount of Damage
TOTAL AMOUNT OF YOUR RESTITUTION CLAIM: \$	

Please complete the following if your loss is covered by insurance.

Insurance Company Name _____

Address _____

Agent's Name _____ Phone # _____

Amount of Deductible \$ _____

Policy # _____ Claim # _____

IMPORTANT: If you would like to be notified of court proceedings in this case, please check the appropriate line below. By signing below you declare that the above is true and correct. **Please note that failure to return these forms may result in no notification or restitution being ordered.**

Yes, I would like to be notified of all court proceedings pertaining to this case. _____

No, I do not request notification of court proceedings pertaining to this case. _____

Signature

Date