

VICTIM LOSS FORM

RE: STATE OF FLORIDA vs. _____ **Case No** _____

Victim's Name: _____

Victim's Email: _____

Address: _____

Home Phone: _____ Work Phone: _____

Next of Kin: _____

Please notify the State Attorney's Office if there is any change in your address or phone number.
Mail form to: Franklin County State Attorney's Office, 34 Forbes St., #3, Apalachicola, FL 32320

Please attach copies of any bills or receipts for medical expenses and/or property repair or replacement to this form to support your computations. If restitution is owed for property damage that you are unable to repair or replace at this time, please include an estimate for the repair or replacement or a copy of the original purchase receipt. Otherwise, we will be unable to ask for restitution in your case. Please send only copies of the bills/receipts and keep the originals for your own records.

PROPERTY LOSS

Amount You Paid Out of Pocket for Repair/Replacement
(Insurance Deductible, if Applicable) \$ _____

Amount Insurance Paid, if Applicable \$ _____

Amount of Estimated Cost of Repair/Replacement \$ _____

Total Amount of Property Loss \$ _____

MEDICAL EXPENSES

Amount You Paid Out of Pocket for Medical Treatment \$ _____

Amount Insurance Paid, if Applicable \$ _____

Total Amount of Medical Loss \$ _____

TOTAL OF BOTH PROPERTY LOSS AND MEDICAL LOSS \$ _____

Please feel free to contact the Victim Assistance Unit at (850) 653-8181 if you need help in completing this Victim Loss Form or for any other type of victim assistance.

Your Signature: _____ Date: _____

OVER⇄⇄

