

State of Iowa vs.

RESTITUTION CLAIM FORM

You can use this claim form to tell the Judge about any bills, lost wages, or lost property you had because of the crime. If the defendant is found guilty, the Judge can order the defendant to pay for these losses. To order the defendant to pay, the Judge needs to know how much money you lost. You also have to provide copies of bills or receipts for these losses.

The Judge can only order the defendant to pay for any losses that happened because of the crime. You should also know that it may take some time for the defendant to pay you all the money you are owed and it is possible the defendant will not pay all the money. When the defendant pays the money, the Clerk of the Court will mail it to you. For the Clerk to be able to send you the money, they need your current address and phone number. If you move or change phone numbers in the future, you should call the Johnson County Clerk's Office at 319-356-6060 to let them know.

MEDICAL EXPENSES

How much medical, dental, or counseling expenses do you have to pay for because of this crime? (Please attach any bills or explain the expenses below.)

_____ \$ _____
_____ \$ _____
_____ \$ _____

How much money did your insurance company, Medicaid, or Medicare pay for these expenses?

_____ \$ _____
_____ \$ _____
_____ \$ _____

How much did you have to pay out of your own pocket (deductible/co-pay) for these expenses?

_____ \$ _____
_____ \$ _____
_____ \$ _____

LOST WAGES

How much money have you lost because you had to miss work because of this crime?
You may have missed work because you were injured, or you had to go to doctors or counseling appointments, or you had to come to court.

How many hours of work have you missed because of this crime? _____

How much do you make per hour? _____

Name of your employer: _____

Name of your supervisor: _____

Phone number: _____

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PROPERTY LOSSES

How much money did you lose because the defendant damaged or stole your property?

_____ \$ _____
_____ \$ _____
_____ \$ _____

What kind of losses did you have (check all that apply)?

- the defendant damaged my property
- the defendant stole my property
- the defendant stole money from me
- the defendant forged or passed bad checks at my business

How much did you or will you receive from an insurance company for these losses? \$ _____

How much money has the defendant paid you, if any, for your losses? \$ _____

What are your total out of pocket expenses?

(Total property losses minus money from your insurance company or the defendant) \$ _____

Is any of your property being held for evidence? YES NO

If yes, what property is being held:

Please be sure to attach copies of any bills or receipts you have for your losses.

Signature: _____

Date: _____

*The **Crime Victim Compensation Program** may be able to help you with some expenses that are not covered by insurance. Please find enclosed an application for CVAP which can be completed by mail, online, or by phone by calling **1-800-373-5044**. We encourage all victims of violent crime to submit an application to CVAP even if you do not currently have expenses in which need reimbursed.*