

RESTITUTION CLAIM FORM

Complete this form and return to: Boone County Prosecutor's Office
 Attn: Victim Services Unit
 705 E. Walnut Street, 4th Floor
 Columbia, MO 65201
 FAX: (573)886-4148

Victim's Name: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home _____ Work _____ Cell _____

RE: State of Missouri v. _____

Case Number: _____

Please list property stolen or damaged or the type of injuries you have sustained (attach paper as needed): **You must include bills, receipts or estimates for damages and they must be from an outside source. If you no longer have the original receipt, a printout from the Internet of an identical or similar item is acceptable. Please include only cost of replacement (not upgrades) and do not round to the nearest dollar.**

Item Stolen or Damaged or Type of Injury	Amount of Loss/Amount Paid by Insurance

Medical: \$ _____

Are any of these items covered by insurance? If yes, please include amount covered and/or deductible you had to pay.

TOTAL AMOUNT OF RESTITUTION REQUESTED: \$ _____

***YOU MUST ATTACH COPIES OF BILLS, RECEIPTS OR ESTIMATES.**

Did your loss include anything with sentimental or other irreplaceable value? Please describe.

*If you change your address please notify the Boone County Prosecutor's Office, Victim Response Team at (573)886-4100 or by going to our website at <https://showmeboone.com/PA/VictimServices.asp>

FAILURE TO RETURN THIS FORM MAY RESULT IN NO RESTITUTION BEING ORDERED

For more information please visit our website at:

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