

VICTIM RESTITUTION SHEET (MISD)

ATTACH DOCUMENT (RECEIPTS) - You Must Fill Out and Return (Even If No Restitution is Due)
Return to: 16th Judicial District Attorney's Victim/Witness Assistance Office
300 Iberia St, Suite 200, New Iberia, LA 70560

RE: STATE OF LOUISIANA vs _____

NAME: _____

ADDRESS: _____

PHONE: (work) _____ (home) _____

FAILURE TO RETURN THIS INFORMATION MAY AFFECT RESTITUTION COLLECTION

1. MEDICAL EXPENSES FOR INJURY

Hospital _____ Amount _____

Doctor _____ Amount _____

Pharmacy _____ Amount _____

Ambulance _____ Amount _____

Other _____ Amount _____

2. PROPERTY LOST/STOLEN AND NOT RECOVERED

Item _____ Amount _____

Item _____ Amount _____

3. PROPERTY DAMAGE TO BE REPLACED

Item _____ Amount _____

Item _____ Amount _____

4. INSURANCE COMPANY

Claim Made _____ Benefit Received _____

TOTAL AMOUNT OF LOSS, DAMAGE OR EXPENSES: _____

Comments for Judge regarding the defendants sentencing: _____

DATE _____ Victim/Complainant _____

Printed Name _____