

VICTIM CLAIM FORM

Your Name/Business _____

Address _____ Phone _____

As a result of criminal activities of _____ Petition number(s) _____

IF NO LOSS, check this block, sign on the reverse and return this form.

Description of loss: indicate net loss. ATTACH ESTIMATES, BILLS AND/OR RECEIPTS TO SUBSTANTIATE CLAIM. (They will be returned upon request.) Claims can only cover actual cash expenses and/or property loss. Losses of time, interest, attorney fees, etc., are not reimbursable.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
(Use reverse if necessary.)	TOTAL LOSS: \$ _____

Name of insurance company _____

Address _____ Phone () _____

Policy number _____ Claim number _____

Are your losses covered by insurance? Yes No Partially

Amount of claim presented to insurance company \$ _____

Amount of claim paid by insurance company \$ _____

As the victim, you will be notified of all adjudication and disposition hearings. You will be notified if the juvenile escapes from detention or shelter prior to his adjudication hearing and of the juvenile's subsequent apprehension. When the case is decided, you will receive details regarding the final disposition. In addition to these notifications, you are encouraged to participate in the **processing** of this juvenile. Several options follow.

INPUT AT INTAKE We would appreciate any comments you wish to be considered in deciding the best plan of rehabilitation for this child. As the intake conference is scheduled for **January , 2002**, please **phone or fax** your input at least a day before the meeting date. (Then return this form as soon as possible. Please use additional sheets as necessary.)

Please review the options on the reverse side and select yes or no to indicate your choices.