

IN THE CIRCUIT COURT OF ST. CLAIR COUNTY, ALABAMA

RESTITUTION AFFIDAVIT

GJ # _____

CASE # _____

Defendant: _____

Co-Defendant: _____

Victim: _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____

LOSS & RESTITUTION INFORMATION

Item	Amount	Recovered?	Initial

If property was recovered, was it damaged? Yes [] No []

Did you file a claim with insurance company? Yes [] No []

If so, what was the name of the insurance company? _____

Insurance company address: _____

Insurance company telephone number: _____

Insurance policy number: _____

Did you pay deductible? Yes [] No []

If so, what was the deductible amount? \$ _____

TOTAL RESTITUTION AMOUNT DUE TO VICTIM: \$ _____

The above information is true and correct to the best of my knowledge. I will notify the St. Clair County District Attorney's Office of any changes to the restitution affidavit and/or my address and phone number.

Signature

Date