

Return as soon as possible to:

DISCOVERY CLERK

MISSOULA COUNTY ATTORNEY
200 WEST BROADWAY
MISSOULA MT 59802

State v:
Cause No:
Prosecutor:
Case ID:

LOSS STATEMENT

NAME: _____ EMAIL: _____
PHONE: _____ WORK PHONE/HOURS: _____
MAILING ADDRESS: _____

DESCRIPTION OF INJURY AND/OR PROPERTY STOLEN/DAMAGED:

DATE PURCHASED: (Please attach supporting documents)

ITEM: _____	\$ _____
ITEM: _____	\$ _____
ITEM: _____	\$ _____
ITEM: _____	\$ _____
ITEM: _____	\$ _____
ITEM: _____	\$ _____
ITEM: _____	\$ _____

REPAIR/REPLACEMENT COST: (Please attach repair bill or estimate)

ITEM: _____	\$ _____
ITEM: _____	\$ _____
ITEM: _____	\$ _____
ITEM: _____	\$ _____
ITEM: _____	\$ _____
ITEM: _____	\$ _____
ITEM: _____	\$ _____

MEDICAL BILLS FOR INJURIES TO YOU: (Please attach copies of bills)

PROVIDER: _____	\$ _____
PROVIDER: _____	\$ _____
PROVIDER: _____	\$ _____
PROVIDER: _____	\$ _____
PROVIDER: _____	\$ _____
PROVIDER: _____	\$ _____

Please continue on back

OTHER REASONABLE EXPENSE INCURRED

Please include supporting documents

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

REIMBURSEMENT BY INSURANCE: If your insurance company or the offender's insurance company has paid all or part of your loss, please list the company name, address, claim number and amount paid:

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

YOUR INSURANCE DEDUCTIBLE: \$ _____

TOTAL AMOUNT OF RESTITUTION REQUESTED: \$ _____

IN THE EVENT THAT RESTITUTION IS ORDERED:

Check payable to: _____

Mailing address: _____

I, the undersigned, declare under penalty of perjury and under the laws of the state of Montana that the foregoing Loss Statement is true and correct.

Dated this _____ day of _____, 20____.

SIGNATURE OF VICTIM _____

PRINTED NAME OF VICTIM _____