Loss Report

As a victim in this case, you are entitled to reimbursement for your losses as a direct result of the defendant's crime, pursuant to KRS 532.032. **PLEASE TAKE A MOMENT TO COMPLETE THIS LOSS REPORT AND RETURN IT TO OUR OFFICE SO THAT WE MAY ORDER RESTITUTION, IF APPROPRIATE**. Attach any supporting documentation, such as estimates, bills or receipts. If you have any questions regarding this report, please feel free to contact me, Shelley Byrne, at (270) 575-7402.

Commonwealth of Kentucky vs._____, Defendant(s)

Indictment Number _____

MEDICAL EXPENSES (ambulance, hospital, doctor, medicine, etc.) $_____

_____

_____

(check one) Medical card _____ If so, medical card number is _____
Self pay _____ Private insurance _____

DAMAGED/DESTROYED/UNRECOVERED PROPERTY (replace, repair, clean) $_____

_____

_____

LOST EARNINGS (Must have doctor's order to be off work as a result of injury from crime and statement from employer listing wage per hour and hours worked per week. Cannot claim if you took sick/vacation days.)
_____ $_____

_____

OTHER EXPENSES (please explain below) $_____

_____

_____

If an insurance company (such as health, homeowner's or rental) has or will pay any portion of these losses, please list the company, contact information, and DEDUCTIBLE:

_____

_____

*****I have attached documentation for these losses where possible. I certify that this is a true and accurate statement. I understand that submitting false information could result in criminal prosecution.

Name:_____ Signature:_____

Address:_____ Date:_____

_____

Phone (H):_____ Phone (W):_____

SEND TO: Commonwealth Attorney's Office, ATTN: Shelley Byrne, 301 S. 6th St., Paducah, KY 42003