

STATE OF ALABAMA
LAUDERDALE COUNTY

CASE NUMBER: _____
DEFENDANT: _____

STATEMENT OF DAMAGES

This statement of damage must be returned within FOURTEEN (14) days to insure to insure proper and thorough representation to all victims. If you have no damage/loss to claim, please note that on the form and return it. Please do not list items that were returned/recovered. (Include copies of all bills & estimates.)

My name is _____, I have suffered monetary loss as a result of the crime committed against me. **My total loss is \$** _____. The description of my damage/loss is as follows:

_____ The loss was partially covered by insurance.

_____ My insurance company is: _____

_____ Agent's Name and phone number: _____

_____ Agent's Address: _____

_____ The loss was not covered by insurance.

Please provide your information:

Name

Address

Home, Work and Cell phone numbers – It is important that we are able to get in touch with you.

Alternative Contact and phone number: _____

I swear that this Statement of Damages is true and correct.

Done this _____ day of _____, 20 _____

Witness

Signature

Please enclose copies of bills and statements concerning this case and mail to:

Chris Connolly
District Attorney
P.O. Box 914
Florence, AL 35631-0914

NOTE: It is very important that you notify **DeAnna Tidwell at (256) 764-6351**, if you have a change in residence, telephone number or place of employment during this process.

*** FAILURE TO RETURN THIS FORM MAY RESULT IN OUR OFFICE BEING UNABLE TO REQUEST RESTITUTION ON YOUR BEHALF.