

VICTIM RESTITUTION CLAIMJD-AP-204 New 12-21
C.G.S. § 53a-30STATE OF CONNECTICUT JUDICIAL BRANCH
COURT SUPPORT SERVICES DIVISION
ADULT PROBATION SERVICES
www.jud.ct.gov**Instructions to victim**

1. Complete this form and sign it.
2. Do not include any losses that have been or will be covered by insurance.
3. Attach any documentation of your loss, such as medical bills, repair estimates, receipts, appraisals, etc.
4. Send the completed form and any documentation of your loss to the Probation Officer listed.

ADA Notice

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact your Probation Officer or an ADA contact person listed at www.jud.ct.gov/ADA/

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|----------------|------------------|
| Defendant name | CMIS case number |
|----------------|------------------|

| | |
|----------------|-------------------|
| Name of victim | Address of victim |
|----------------|-------------------|

| | | | |
|---------------|-----------------|---------------|-----------------|
| Docket number | Date of offense | Docket number | Date of offense |
|---------------|-----------------|---------------|-----------------|

Restitution Request (Choose One)

- ☐ I **have** suffered loss because of the defendant's crime(s) in the docket(s) listed above, and: (Choose one)
- ☐ I want restitution from the defendant, and I have documentation to prove the amount of my loss;
- ☐ I want restitution from the defendant, but I do not have documentation to prove the amount of my loss; OR
- ☐ I do not want restitution from the defendant.

OR

- ☐ I **have not** suffered any loss because of the defendant's crime(s) in the docket(s) listed above.

Amount of Loss

If you have suffered loss because of the defendant's crime(s) and want restitution, list the amount of loss you have suffered below. Attach any documentation that you have of your loss (medical bills, repair estimates, receipts, appraisals, etc.).

Do not include any amount that has been or will be covered by insurance.

\$ _____ Amount of financial loss because of damage to or loss of property.

\$ _____ Amount of financial loss because of personal injury.

\$ _____ Amount of financial loss because of lost wages resulting from the injury.

\$ _____ Amount of financial loss because of counseling related to the defendant's crime(s).

\$ _____ Other financial loss (explain): _____

\$ _____ **Total financial loss requested as restitution.**

Send the completed form by e-mail, fax, or mail to:

| | | |
|-------------------|---------------------------|------------|
| Probation Officer | Phone number | Fax number |
| E-mail address | Probation Officer address | |

| | | |
|---------------------|-------------|--------------------------------|
| Signature of victim | Date signed | Daytime phone number of victim |
|---------------------|-------------|--------------------------------|