DISTRICT ATTORNEY’S OFFICE RESTITUTION FORM

COMMONWEALTH V. ____________________________________ ______________________
NAME: ___________________________________ ADDRESS: ________________________ ___________ _______
If the above address is incorrect, please update:
Please provide telephone numbers and hours available for contact:
Day:_________________________ Evening: ________________________ Cell: ________________________

Physical Injury Counseling Services
1. As a result of this incident, were you physically injured?

YES ☐ NO ☐
   a. If you received medical treatment, what is the total amount of expenses you owe and/or paid to date that is NOT covered by insurance, medical assistance, workmen’s compensation?

$________________
   b. If you received any counseling or therapy, what is the total amount of expenses you owe and/or paid to date that is not covered by insurance, medical assistance, workmen’s compensation, or other?

$________________

2. Have you applied for the Pennsylvania Victims Compensation Assistance Program (VCAP)?

YES ☐ NO ☐ a. What is your claim number? ________________________________

   Property Damage
3. As a result of this incident, was any property damaged, lost or stolen? YES ☐ NO ☐
   a. Please list the value of any property that was damaged, lost, or stolen and has not been covered by insurance.

   1. ______________________ $_________ 5. ______________________ $_________
   2. ______________________ $_________ 6. ______________________ $_________
   3. ______________________ $_________ 7. ______________________ $_________
   4. ______________________ $_________ 8. ______________________ $_________

   TOTAL AMOUNT OF PROPERTY LOSSES $________________
   If your property was stolen, is the Police Department holding your belongings as evidence?
   YES ☐ NO ☐

   If you filed a claim with your insurance company, what was the amount of your deductible? $_________

   All itemized copies of medical, counseling and repair bills or estimates for the above expenses should accompany this form.
Return via US mail to: District Attorney's Office, Three South Penn Square, Philadelphia, PA 19107, or via e-mail to: DA.Victimservices@phila.gov.

COMMONWEALTH V.
NAME: ____________________________________________
________________________________________ADDRESS:________________________________________
