

**DEPARTMENT OF JUSTICE  
STATE OF DELAWARE**

**VICTIM LOSS AND RESTITUTION STATEMENT**

**THE FOLLOWING INFORMATION CONTAINED IN THIS COVER SHEET IS CONFIDENTIAL. IT MAY NOT BE RELEASED WITHOUT PERMISSION OF THE VICTIM, THE DEPARTMENT OF JUSTICE, OR THE COURT.**

**Case Information**

Victim Name: \_\_\_\_\_

Defendant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Case Number: \_\_\_\_\_

\_\_\_\_\_

Date of Offense: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Secondary Contact Information (please complete)**

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**I DECLARE THAT MY LOSS AS REPRESENTED IN THE ATTACHED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY FRAUDULENT CLAIM MAY SUBJECT ME TO CRIMINAL PENALTIES. I ALSO UNDERSTAND THAT THE COURT MAY NOT AWARD RESTITUTION FOR EVERYTHING INCLUDED IN THE ATTACHED STATEMENT.**

**THIS STATEMENT MUST BE RETURNED AS SOON AS POSSIBLE BUT NO LATER THAN TWO WEEKS AFTER RECEIPT. FAILURE TO DO SO MAY RESULT IN NO RESTITUTION BEING ORDERED BY THE COURT.**

\_\_\_\_\_  
SIGNATURE OF VICTIM OR PARENT/GUARDIAN IF VICTIM IS UNDER AGE OF 18

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT VICTIM NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER OF VICTIM OR PARENT/GUARDIAN IF VICTIM IS UNDER 18

Disclosure of your social security number is required so that each individual who is claiming restitution may be identified accurately. This disclosure is required pursuant to the State of Delaware Accounting Manual and 5 U.S.C. #552(a) not (#7 of the Privacy Act of 1874). The disclosure of your social security is voluntary at this time. However, it is mandatory and will be required prior to you receiving any check. The State of Delaware may not issue a check without receiving your social security number. Therefore, should you choose not to provide it at this time, you must provide it at a later date to receive a check. Your social security number is necessary for accounting and tax reporting purposes, as required by State and Federal Law. Your social security number as contained on this form will be part of the record maintained by the Court and any criminal justice agency involved in the criminal justice process, as well as, any accounting or other State agency necessary to process the payment of any restitution.

**YOU MUST ATTACH COPIES (NOT ORIGINALS) OF ALL BILLS, RECEIPTS, ESTIMATES OR OTHER VERIFICATION OF LOSSES. PLEASE SEND TO THE APPROPRIATE COUNTY.**

New Castle County Cases

Kent County Cases

Sussex County Cases

Department of Justice  
Victim Witness Unit  
820 N. French St  
Wilmington, DE 19801  
302.577.8500

Department of Justice  
Victim Witness Unit  
102 W. Water St.  
Dover, DE 19904  
302.739.4211

Department of Justice  
Victim Witness Unit  
114 E. Market St.  
Georgetown, DE 19947  
302.856.5353

**DEPARTMENT OF JUSTICE  
STATE OF DELAWARE**

**VICTIM LOSS AND RESTITUTION STATEMENT**

Defendant Name: \_\_\_\_\_ Victim Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_

**VICTIM LOSS STATEMENT** (If none, go to Victim Impact Statement)

**A . Property/Monetary Loss – personal items damaged or stolen (if not applicable, skip to B)**

Description of Stolen or Damaged Property	Purchase Date and Price	Market Value – the actual value at the time of the crime	Replacement Value – Use only if Market Value cannot be determined	Was it recovered or repaired?

1. Was the property insured? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you submitted a claim to your insurance company? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Insurance Information:
  - a. Policy Number: \_\_\_\_\_
  - b. Insurance Company: \_\_\_\_\_
  - c. Address of Company: \_\_\_\_\_
  - d. Telephone Number: \_\_\_\_\_
4. Please state your insurance deductible, if any? \_\_\_\_\_
5. State amount paid by insurance: \_\_\_\_\_
6. Did this crime involve theft from your bank account or credit card? (If NO, skip to #8) Yes \_\_\_\_\_ No \_\_\_\_\_
7. If YES, please provide:
  - a. Name and Address of your bank or credit card company: \_\_\_\_\_  
\_\_\_\_\_
  - b. Local contact person: \_\_\_\_\_
  - c. Account Number: \_\_\_\_\_
  - d. Amount covered by bank or credit card company: \$ \_\_\_\_\_
8. Amount of Restitution requested for property loss: \_\_\_\_\_

**B. Personal Injury (including emotional or mental trauma) (if not applicable, skip to C)**

Please describe injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Was medical attention received? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Did you seek professional counseling for any emotional effects from the crime? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Health Care Insurance Information:
  - a. Policy Number: \_\_\_\_\_
  - b. Insurance Company: \_\_\_\_\_
  - c. Address of Company: \_\_\_\_\_

4. Were your expenses covered by insurance? Yes \_\_\_\_\_ No \_\_\_\_\_
5. If yes, amount paid by insurance? \_\_\_\_\_
6. Amount not covered by insurance, including co-payments? \_\_\_\_\_
7. Have you filed a claim with the Victims' Compensation Assistance Program? Yes \_\_\_\_\_ No \_\_\_\_\_
8. If yes, were you compensated for any losses? Yes \_\_\_\_\_ No \_\_\_\_\_
9. If yes, please state for what and the amount: \_\_\_\_\_

If you have sustained personal injury (physical or emotional) you may be eligible for assistance from the Victims' Compensation Assistance Program (VCAP). Please call (302) 255-1770 or visit [www.attorneygeneral.delaware.gov/VCAP](http://www.attorneygeneral.delaware.gov/VCAP)

**C . Other Related Expenses**

Did you incur other expenses not previously covered on the form? (example: lost wages, costs associated with Court appearances, etc.)

Item Description	Amount Paid

**VICTIM IMPACT STATEMENT**

For some people, writing an impact statement may be very emotional and difficult to do, however, this is an opportunity to have your voice heard in court and make the judge aware of the impact that this crime has had on your life. Some things you may want to consider including would be physical and/or emotional impact, effects on other family members, and effects to your employment, income or daily activities as a result of this crime. The judge may also take into consideration conditions your request with regards to the sentencing process; a few examples might be:

- Have no contact with you or your family
- Pay restitution
- Participate in mental health or substance abuse treatment
- Perform community service
- Restrict access to internet

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