



RIVERSIDE COUNTY PROBATION DEPARTMENT

Serving Courts • Protecting Our Community • Changing Lives



STATEMENT OF LOSS

Company Name: _____

Name: _____

Address: _____

City, State, Zip: _____

Defendant Name: _____

Case Number: _____

Court Number: _____

- Yes**, I want to make a claim. My loss information is listed below.
- No**, I do not wish to make a claim for restitution in this matter. (Print your name and sign only)
- I have filed a claim with the CA Victim Compensation Board (CalVCB) Claim No. _____

List only the property you believe has not been recovered. Do not list property being temporarily held as evidence by the police. You may contact the arresting agency to recover your items. If you need more space to list items or explain losses, add an additional sheet of paper.

Stolen or Damaged Property (Repair or replacement costs, estimates are acceptable)

Description of item	Amount	Receipt/Bill (Y/N)?

Medical Expenses (Any amounts billed to you or paid by you)

Description of item	Amount	Receipt/Bill (Y/N)?

Loss of Wages or Profits (Letter from employer, paystub or W-2)

Description of item	Amount	Document attached (Y/N)?



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Miscellaneous Losses (Attorney's fees, residential security expenses, mileage etc.)

Description of item	Amount	Receipt/Bill (Y/N)?

<i>Insurance Information (Auto or homeowners)</i>	Amount
Amount paid by the defendant's insurance to date:	\$
Are any losses covered by your insurance? (Y/N)?	\$
If yes, amount you were required to pay, including deductible:	\$
	\$

Under penalty of perjury, I declare the foregoing true and correct:

Signature of Victim: _____ Phone Number: _____

Name and Title: _____ E-mail: _____
(If Company)

Return to: Riverside County Probation Department
4075 Main Street, Suite 200
Riverside, CA 92501

User may send this form along with attachments to the following email address:
victimrestitution@rivco.org