

CRIME LOSS FORM
ECTOR COUNTY ATTORNEY'S OFFICE
300 N Grant Rm. 201 Odessa, Texas 79761

Victim Contact Information:

Name: _____
Address: _____ **City:** _____
State: _____ **Zip:** _____ **Telephone:** _____

Defendant Information:

Cause Number: _____
Defendant: _____
Offense: _____
Date of Offense: _____

1. As a result of the above mention cause, I suffered cash/property loss?

Yes No

Property: Damage/Stolen (Not Recovered)

Cost

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____

Do you have insurance that will cover any of this loss? Yes No

Amount of Insurance deductible \$ _____

Total amount of restitution requested \$ _____

IMPORTANT NOTICE:

A victim must provide a receipt showing repair or replacement of the property damaged/stolen OR two (2) estimates for the cost of repair/replacement.

A request for restitution cannot be processed through the court system without this information.

The information in this statement is true and correct to the best of my knowledge.

Victims Signature

Date

SWORN AND SUBSCRIBED TO BEFORE ME on this the _____ day of

_____ **2010.**

(SEAL)

NOTARY PUBLIC in and for the STATE OF TEXAS

PRINTED NAME OF NOTARY