

RESTITUTION RECOVERY FORM

NAME OF CLAIMANT _____

ADDRESS _____

HOME PHONE _____ BUSINESS PHONE _____

DATE OF INCIDENT _____ AMOUNT OF LOSS _____

TYPE OF LOSS _____

DO YOU HAVE INSURANCE COVERAGE? () YES () NO. IF YES, WHAT IS THE AMOUNT OF YOUR DEDUCTIBLE? _____

DO YOU PLAN TO SUBMIT A CLAIM WITH YOUR INSURANCE CARRIER? () YES () NO.

NAME AND ADDRESS OF YOUR INSURANCE CARRIER _____

HAVE YOU RECEIVED ANY MONEY FROM YOUR INSURANCE CARRIER? () YES () NO.

ACTUAL AMOUNT OF YOUR LOSS _____ (out of pocket expenses)

ATTACH COPIES OF ANY MEDICAL BILLS, PROPERTY DAMAGE ESTIMATES, REPAIR BILLS OR ANY OTHER DOCUMENT SHOWING LOSS.

I hereby authorize the use of any information I have provided in the attempt to recover restitution.

Date

Signature

When requesting information concerning your case, please provide the following information:

State of Oklahoma vs. _____

IMPORTANT NOTICE TO CLAIMANT: Pursuant to 22 O.S. 1991, Section 991h, the unexcused failure or refusal of the crime victim to provide all or part of the requested information prior to the sentencing, unless disclosure is deferred by the court, shall constitute a waiver of any grounds to appeal or seek future amendment or alteration of the restitution order predicated on the undisclosed available information.