

**AFFIDAVIT OF RESTITUTION**  
***YOU MUST COMPLETE THIS FORM TO REQUEST RESTITUTION***

Restitution is determined by the Judge based on this affidavit and any documents you submit. **Please attach supporting documentation** including: medical bills, repair or replacement receipts, copies of cancelled checks, insurance claim forms, and/or estimates for repairs. Your request may not be approved if you fail to provide supporting documentation for all items listed. If you do not have supporting documentation, please explain how the amount of loss was determined.

**Court Number:** TK \_\_\_\_\_ **State v.** \_\_\_\_\_ **Officer:** \_\_\_\_\_

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

Victim Name: \_\_\_\_\_  
Victim Address: \_\_\_\_\_  
Daytime Phone number: \_\_\_\_\_  
Victim's Email Address: \_\_\_\_\_

I, \_\_\_\_\_, am a victim (or representative of the victim) in this case and I wish to make a claim for restitution.

**PROPERTY STOLEN OR DAMAGED: (Cost of Replacement)**

Description of loss	Amount
_____	\$ _____

**MEDICAL EXPENSES:**

Description of expense	Amount
_____	\$ _____

**OTHER: (Lost Wages, Etc.)**

Description of expense	Amount
_____	\$ _____

check here if additional sheets are attached:  **TOTAL OUT OF POCKET EXPENSE:** \$

**OTHER INFORMATION: I have made an Insurance Claim with \_\_\_\_\_ my insurance company or \_\_\_\_\_ defendant's insurance company.**

Insurance company: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Deductible: \_\_\_\_\_  
Claim Number: \_\_\_\_\_

**THIS FORM MUST BE SIGNED BEFORE A NOTARY:**

The above statement of claim is true and correct to the best of my knowledge:

\_\_\_\_\_  
Affiant's Signature

State of \_\_\_\_\_ This record was signed and affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_.  
County Of \_\_\_\_\_

{Seal}

\_\_\_\_\_  
Notary Public's Signature

**Please return this form within 14 days of receipt to Bozeman City Attorney's Office, P.O. Box 1230, Bozeman, MT. 59771 or hand deliver to our office at 121 North Rouse If you do not submit this form, restitution will not be requested on your behalf. If you have any questions, please contact our office at 406-582-2309.**

**KEEP A COPY OF THIS FORM AND ALL SUPPORTING DOCUMENTATION FOR YOUR RECORDS.**