

**RESTITUTION CERTIFICATE**

I, the undersigned, hereby certify that I am the person or duly designated representative of the person or company to whom the Juvenile Probationer, has been asked to make restitution. I understand that the Juvenile Probation Department is only acting as a paying agent; and therefore, if the above name probationer defaults on payments, that the Juvenile Probation Department cannot be held accountable.

Please make the check(s) for restitution payable to:

\_\_\_\_\_  
PRINT NAME ( ) \_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
PRINT COMPANY NAME ( ) \_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
INSURANCE COMPANY POLICY NUMBER

\_\_\_\_\_  
MAILING ADDRESS CITY STATE ZIP CODE

( ) \_\_\_\_\_  
INSURANCE COMPANY'S PHONE NUMBER

X \_\_\_\_\_  
AUTHORIZED SIGNATURE DATE TEXAS DRIVER'S LICENSE NUMBER

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

X \_\_\_\_\_  
Notary Public in and for the State of Texas

Commission Expires on: \_\_\_\_\_.

**THE STATE OF TEXAS  
COUNTY OF FORT BEND**

Before me \_\_\_\_\_ a Notary Public in and for said State and County, on this day personally appeared \_\_\_\_\_, known to me (or Proved to me on the oath of \_\_\_\_\_), to be the person whose name is subscribed to this instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed as follows:

**CRIME LOSS FORM**

As a victim of crime, you may have suffered a monetary loss. This office may be able to collect the value of your losses from the person who caused them.

Please complete this form. **Attach any copies of paid receipts, bills, or estimates and return them to our office within ten (10) days.** It is the primary responsibility of the District Attorney's Office to see that justice is done. Restitution is appropriate in some cases and not in others. Although we try, **we cannot guarantee** that we will be able to obtain restitution through the criminal prosecution of this case.

**I. Please circle YES or NO**

- |  |     |    |
|--|-----|----|
| A. My property was damaged or stolen               | Yes | No |
| B. I suffered physical injury                      | Yes | No |
| C. I will suffer further property damage           | Yes | No |
| D. I will suffer further physical injury           | Yes | No |
| E. Others suffered physical injury/property damage | Yes | No |

**II. Please fill in the blanks.**

<b>A. <u>Property Damages/Stolen(Recovered)</u></b>	<b><u>Repair Costs</u></b>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

**B. Property Stolen (Not Recovered)**

**Replacement Costs**

- |          |          |
|----------|----------|
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |
| 4. _____ | \$ _____ |
| 5. _____ | \$ _____ |

**C. Injuries Sustained**

**Medical Expenses**

- |          |          |
|----------|----------|
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |
| 4. _____ | \$ _____ |
| 5. _____ | \$ _____ |

**D. Insurance**

1. I do have insurance      Yes    No
2. Name of insurance company: \_\_\_\_\_
3. Insurance agent's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Claim#: \_\_\_\_\_
4. Amount of loss covered by insurance: \_\_\_\_\_
5. Amount of loss not covered: \_\_\_\_\_
6. Amount of your deductible: \_\_\_\_\_

**III.** Please fill in the blanks if you are a victim of credit card abuse.

CREDIT CARD	CARD NUMBER	AMOUNT OF LOSS
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Will you have to pay any of this loss?      Yes    No

If yes, what is the amount you will have to pay (deductible)? \_\_\_\_\_

If your credit card company is absorbing the loss, what is the name and telephone number of the contact person? \_\_\_\_\_

**IV. TOTAL AMOUNT OF RESTITUTION REQUESTED**      \$ \_\_\_\_\_

**V.** Additional losses/Comments.

If you have sustained any other loss not mentioned above or have information that might be helpful to us, please indicate below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I know the difference between right and wrong and the difference between the truth and a lie.

The above information is true and correct to the best of my knowledge and beliefs.

Given under my hand and seal of this office this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_

X \_\_\_\_\_

\_\_\_\_\_  
Notary Public for the State of Texas

\_\_\_\_\_  
Commission Expires