

INSTRUCTIONS FOR COMPLETING AFFIDAVIT OF RESTITUTION

You have been identified as someone who may be a victim of a crime having suffered a pecuniary loss. If the defendant is convicted, the court may order them to pay you restitution. Criminal restitution is generally limited to out-of-pocket expenses such as medical expenses, loss of income or repair costs. It does not include pain and suffering, lost sleep or emotional distress. See Montana Code Annotated § 46-18-243(1) for a full list of eligible losses. Not all cases result in prosecution or conviction; such cases do not prevent you from seeking a separate civil remedy. **The Bozeman City Attorney's Office does not represent you and cannot offer legal advice; but will submit your properly completed Affidavit to the Court for consideration.**

COMPLETING THE AFFIDAVIT:

1. **VICTIM INFORMATION.** Insert the name of the victim claiming restitution and all contact information. This will be the same person who signs the form.
 - a. A separate Affidavit of Restitution should be completed for each victim suffering a pecuniary loss as a result of the alleged crime. Please contact the City Attorney's Office if additional forms are needed.
 - b. For damaged, destroyed or stolen property, victim information is limited to the owner of the property.
2. **OFFENDER INFORMATION.** If any offender or Bozeman Police Case Number information is missing from the top section, contact Bozeman Police Department at 582-2000.
3. **LOSSES BEING REQUESTED.** Select the loss or losses you sustained (check all that apply):

****SUPPORTING DOCUMENTATION IS REQUIRED FOR ALL REQUESTS FOR RESTITUTION****

- a. **Cash/Credit Card:** Briefly describe the total loss – cash amount stolen or unauthorized credit card charges incurred (include a copy of bank statement(s)). If your financial institution covered any portion of your losses, they may be eligible for repayment by the defendant. In such a case, it is typical for you to request restitution for the out-of-pocket amount, and then allow your financial institution to seek the remaining amount.
 - b. **Property Taken.** Describe the property taken and include supporting documentation for replacement cost.
 - c. **Property Damaged.** Please describe the damage to property and cost to repair.
 - i. **Car Accidents:** Please note under Property Damaged if this was the result of a car accident.

Insurance. Select the appropriate box indicating if you filed an insurance claim with your company or the other driver's company -- then complete the insurance information as applicable. See the Name Exchange form for the other driver's insurance information. If your insurance covered any portion of your losses, your insurer may be eligible for repayment by the defendant. In such a case, it is typical for you to request restitution for your **deductible** (as an out-of-pocket expense), and then allow your insurer or financial institution to seek the remaining amount. Most auto repair companies will indicate the deductible on the *estimate* which will suffice as supporting documentation.
 - ii. **Criminal Mischief:** The owner of the property should describe the damage to the property and provide receipts for cost to repair/replace. If an insurance claim was filed, please provide details. See *Insurance* above. NOTE: You must be the owner of the property damaged to request restitution.
 - d. **Medical Expenses.** Briefly describe any out-of-pocket expense (not covered by insurance) and provide supporting documentation summarizing the costs i.e. an Explanation of Benefits or medical bills/receipts if not covered by insurance. If a work comp claim was filed, you will need to provide a claim number and the adjuster's contact information.
 - e. **Loss of Income.** If you lost time from your job as a result of the incident, include a letter from your employer indicating the dates and times you missed along with your hourly wage.
 - f. **Other (Towing, Rental Car, Etc.).** Describe any out-of-pocket expense and include supporting documentation i.e. receipt from rental car agency, copy of contract indicating rate.
4. **TOTAL BOX.** Total all of the expenses you incurred as a result of the incident. If insurance is reimbursing **any** portion of the expenses, those amounts cannot be included in this box. See *Insurance* above.
 5. **SIGNATURE.** Sign the Affidavit in the presence of a Notary. Notarial services are available at the Bozeman City Attorney's Office.

SUBMIT the Affidavit within 14 days of receipt to the Bozeman City Attorney's Office at the Bozeman Public Safety Center, 901 N. Rouse, Bozeman. If you are able to have the Affidavit notarized, mail it to the Bozeman City Attorney's Office at PO Box 1230, Bozeman, MT 59771 (with supporting documentation) or fax to (406) 582-2302.

NOTES:

- If you do not submit the Affidavit of Restitution, restitution will not be requested on your behalf.
- Keep a copy of the Affidavit and supporting documentation for your records.
- Contact the City Attorney's Office at (406) 582-2309 if you have questions.

To be completed by Officer

Offender: _____ Officer: _____

Date of Offense: _____ Police Case/CFS #: _____

Court Number: _____

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.

Victim Name: _____	Daytime Phone: _____
Address: _____	Email Address: _____

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

As the direct result of the crime, I suffered the following loss(es):

- Cash/Credit Card taken in the amount of \$ _____
- Property taken: (list property and attach supporting documentation for replacement cost)

- Property damaged: (describe damage - attach additional sheets if necessary)

- Cost of repair/replacement: \$ _____ attach additional sheets if necessary)

<u>Insurance.</u> I have made an insurance claim with: <ul style="list-style-type: none"> <input type="checkbox"/> my insurance company; or <input type="checkbox"/> defendant's insurance company; or <input type="checkbox"/> I only carry liability insurance 	<u>Insurance Company:</u> _____ Telephone: _____ Policy # _____ Claim # _____ Deductible: \$ _____ (You may claim only the deductible if insurance covered your loss.)
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- Medical Expenses: \$ _____ (attach description and bills/receipts)
- Loss of income: \$ _____ (attach letter from employer indicating dates and hours missed & hourly wage)
- Other (description): \$ _____

Include only out-of-pocket expenses: TOTAL: \$

THIS FORM MUST BE SIGNED BEFORE A NOTARY:

If my own insurance or financial institution has covered any portion of my losses, **I have advised them they must contact the Bozeman City Attorney's Office if they wish to pursue their own restitution.** The above statement of claim is true and correct to the best of my knowledge.

 Affiant's Signature

State of _____

County Of _____

This record was signed and affirmed before me this _____ day of _____, 20__ by _____.

{Seal}

 Notary Public's Signature