



County of San Bernardino
Office of the District Attorney

BUREAU OF VICTIM SERVICES
 MICHAEL A. RAMOS, District Attorney

VICTIM'S NAME	DEFENDANT'S NAME	CASE NO.
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In order that an accurate accounting of your loss may be presented to the Court, please complete this form and return it to the District Attorney's Office. If you have any questions or need help in completing this form, please contact the San Bernardino County District Attorney's Office.

Please be as specific as possible as to the items you lost or damages you suffered. If the item is of a type that has sentimental value, please describe it fully. Where possible, enclose **bills, receipts or estimates to assist the Court.**

PROPERTY LOSS / DAMAGES / DEDUCTIBLE
 (i.e. Stolen Property, Broken Window, Towing Costs, etc.)

Description	Replacement Purchase Date	Replacement Purchase Price	Estimate Amount or Deductible Amount (If Applicable)	Receipt/Estimate/Documentation Attached?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No
7.				<input type="checkbox"/> Yes <input type="checkbox"/> No
8.				<input type="checkbox"/> Yes <input type="checkbox"/> No
9.				<input type="checkbox"/> Yes <input type="checkbox"/> No
10.				<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE COMPLETE THIS SECTION IF YOU WERE COVERED BY AN INSURANCE PROVIDER FOR YOUR LOSS:

WHAT ITEMS ARE COVERED BY YOUR INSURANCE COMPANY? (List Property by Item No.):

WHAT IS THE AMOUNT OF YOUR DEDUCTIBLE? _____

NAME OF INSURANCE COMPANY/AGENT? _____

I Declare Under Penalty Of Perjury That The Foregoing Is True And Correct To The Best Of My Knowledge And Belief:

Signature of Victim(s)

Description	Replacement Purchase Date	Replacement Purchase Price	<u>Estimate Amount or Deductible Amount</u> (If Applicable)	Receipt/Estimate/Documentation Attached?
11.				<input type="checkbox"/> Yes <input type="checkbox"/> No
12.				<input type="checkbox"/> Yes <input type="checkbox"/> No
13.				<input type="checkbox"/> Yes <input type="checkbox"/> No
14.				<input type="checkbox"/> Yes <input type="checkbox"/> No
15.				<input type="checkbox"/> Yes <input type="checkbox"/> No
16.				<input type="checkbox"/> Yes <input type="checkbox"/> No
17.				<input type="checkbox"/> Yes <input type="checkbox"/> No
18.				<input type="checkbox"/> Yes <input type="checkbox"/> No
19.				<input type="checkbox"/> Yes <input type="checkbox"/> No
20.				<input type="checkbox"/> Yes <input type="checkbox"/> No