

OFFICE OF THE
DISTRICT ATTORNEY OF LUZERNE COUNTY
VICTIM/WITNESS UNIT

Jacqueline Musto Carroll
DISTRICT ATTORNEY

18711-1001



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Commonwealth v.
Victim :

The Victim Service Unit of the District Attorney's Office is available to assist victims of crime in a variety of ways. The Defendant in the above-captioned case will proceed through the stages of the justice system, which are explained in the enclosed brochure. We can advise you of the status of your case, assist you with claims, for restitution or other compensation, and answer any questions you have concerning the criminal process. The Victim Service Unit is also available to accompany you at any court proceeding upon your request.

As a victim, you may or may not be entitled to restitution. For your convenience I am enclosing a Restitution Form, which I ask you to complete and return to our office as soon as possible. Copies of all bills must be attached for the Court to consider your claim. Please note the completion of the Restitution Form does not automatically entitle you to restitution. The Judge will consider a variety of factors including the needs of the victim as well as the Defendants ability to pay. Claims for pain and suffering are not available as restitution.

PLEASE NOTE: Restitution may be ordered by the Judge if the Restitution Form is not returned to the District Attorney's Office prior to the case going to court. It is important that you return this form as soon as possible.

Also enclosed is a Victim Notification Assessment Form, which you should complete and return to this office immediately. If you do not respond you will not receive further notification regarding court proceedings from the Victim Service Unit.

PLEASE NOTE: If you change your address or phone number, it is your responsibility to provide our office with the new information immediately. If we do not have that updated information, we will be unable to provide you continued information regarding your case.

Very truly yours,

Jacqueline Musto Carroll
District Attorney

LUZERNE COUNTY DISTRICT ATTORNEY'S RESTITUTION FORM

COMMONWEALTH VS. _____ CASE NO. _____.

VICTIM INFORMATION: NAME: _____
ADDRESS: _____
PHONE: (HOME) _____
(WORK) _____

NOTE: RESTITUTION CAN NOT/WILL NOT BE CONSIDERED UNLESS A COPY OF ALL BILLS ARE ATTACHED SHOWING THE AMOUNT THAT WAS PAID BY YOU.

As a result of this incident, were you physically injured? YES NO
Have you received medical treatment? YES NO
If yes, what is the amount of your medical bills to date? _____
Total amount of prescriptions: _____

Do you anticipate further medical bills? YES NO
Do you have medical insurance to pay for these bills? YES NO
Please provide insurance company name and policy number. _____

Will your medical insurance pay the full amount of the bills? YES NO
What amount has not been covered by insurance? _____
Were you psychologically injured as a result of this incident? YES NO
If so, have you received any counseling or therapy? YES NO
Amount of counseling bills? _____
Will your medical insurance pay the full amount of these bills? YES NO
What amount has not been covered as a result of this incident? _____

Was any property lost or damaged as a result of this incident? YES NO
If so, please list the items below: (Use back of form if necessary)
PROPERTY LOST/STOLEN: VALUE OF LOST/STOLEN ITEMS:

PROPERTY DAMAGED: COST TO REPAIR/REPLACE:

Do you have any insurance to cover these losses? YES NO
If so, how much is your deductible? _____
Please provide the insurance company name and policy number: _____

What is the total out-of-pocket loss to the victim? (Amount that you paid that insurance did not cover)? _____
Have you applied for Crime Victim's Compensation? YES NO

If there is any other information pertaining to this case (for example, intimidation, harassment, etc.) that you want us to know about please describe such on a separate piece of paper.

Please remember that completion of the restitution form does not automatically ensure restitution. The Judge considers that best needs of the victim and the defendant's ability to pay.

SIGNATURE _____ Date _____

VICTIM/WITNESS COORDINATORS
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