

VICTIM LOSS WORKSHEET

Please use this portion of the form to list any expenses you have had or paid as a result of this crime. Some of the sections may not apply in your case. Please attach copies of all records necessary to support your losses or costs listed below. Attach additional pages as needed.

A. Crime Related Losses and/or Costs (Business)

- 1. If your business/institution sustained financial loss as a result of this incident, please describe the nature and extent of your losses. Please provide specific figures if possible.

_____ \$
_____ \$
_____ \$
_____ \$

- 2. If your business/institution was adversely affected in ways other than financially, please provide an explanation of these circumstances below.

_____ \$
_____ \$
_____ \$
_____ \$

B. Crime Related Losses and/or Costs (Individual)

- 1. List your loss of personal property or belongings resulting from this crime, including damage to or destruction of your property. You may also include expenses associated with your losses.

_____ \$
_____ \$
_____ \$
_____ \$

- 2. List any medical expenses incurred as a result of this crime. You may wish to include expenses for doctors, medications, hospitalization, physical or occupational therapy, counseling, psychiatric treatment, medical supplies, etc.

_____ \$
_____ \$
_____ \$
_____ \$

- 3. Please describe any future medical or counseling expenses your doctor or therapist anticipates. Attach an estimate of these costs from the provider.

_____ \$
_____ \$
_____ \$
_____ \$

- 4. If there were any funeral expenses, please list them.

_____ \$

5. Please list other related expenses which you incurred. You may wish to include such items as child care, transportation costs for medical treatment or court appearances, fees incurred with banks and credit card companies, etc.

\$ _____

\$ _____

\$ _____

6. Please indicate the total amount of money you lost in wages, if applicable. This may include income or wages lost due to inability to work because of the crime, attending court or visits to your doctor or therapist.
Amount of lost wages or income: \$ _____

C. Money you or your business were paid by insurance, victim compensation or other sources. Whenever possible, attach copies of receipts of insurance payments.

1. Business

If your business sustained financial losses, what portion was covered by insurance or some other form of reimbursement?

\$ _____

Name of company _____

Claim No. _____

Address _____

Phone No. _____

2. Personal

Property, auto, or homeowners insurance: \$ _____

Name of company _____

Claim No. _____

Address _____

Phone No. _____

Medical Insurance: \$ _____

Name of company _____

Claim No. _____

Address _____

Phone No. _____

Other--list sources and amounts:

_____ \$ _____

3. Have you applied for crime victim compensation benefits? Yes No _____

If you received compensation as a result of your claim, please list the amount:

\$ _____

Total money received from insurance, crime victim compensation, and other sources: \$ _____

Upon completion of this worksheet, please attach it to your Declaration of Victim Losses, Probation Form 72; and return it within 5 days to the United States Probation Office.

BUSINESS

Name: _____ Signature: _____ Date: _____

Official Capacity: _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

Phone: home telephone number _____ work telephone number _____

PERSONAL

Name: _____ Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: home telephone number _____ work telephone number _____