

Monetary Restitution Estimate

Return To: Harrison County Prosecutor's Office

Attn: Jessica Norris

111 W. Warren St.

Cadiz, OH 43907

Complete and return this form within 10 days:

Name: _____

Agency: _____

Contact Telephone
Number: _____

Re: State vs. _____

Case
No. : _____

Defendant charged
with: _____

Part 1: Property Loss or Damage:

List each loss and damaged item and its value and agency who incurred the loss. Include copies of appraisals, estimates, and/or purchase or inventory receipts. Attach a separate sheet if necessary.

Total Amount of Property Loss:

\$ _____

Part 2: Insurance Coverage:

List how much was covered by insurance and also any deductible amount. Please provide copies of insurance statements.

Total Amount of Insurance Coverage:

\$ _____

Total Amount Still Owed After Insurance:

\$ _____

Signature

Date