Restitution Recommendation

Nature of claim:

___ Medical Expense ___ Missing Property ___Damaged Property

___ Other, specifically:_____

Defendant: _____

Has any property been returned? ___ Yes ___ No

Itemize the losses you have sustained and their value. Also list expenses you have incurred. Use additional pages, if necessary.

Item	**Expense**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total…….$ _____

Please enter the dollar amount of restitution you feel you should receive in this matter. Attach copies of medical bills, receipts for expenses you have incurred, estimates you have received on how much it will cost to repair damaged property, and any other documents you have which support your restitution recommendation.

Personal Restitution Recommendation: $ _____

If restitution is ordered -- and not all cases are appropriate for restitution -- a final determination on an appropriate amount will be made by the court at the time the defendant is sentenced.

Date: _____

Signature: _____

Return form to:

Victim Witness Services
Office of the Prosecuting Attorney
11 South Water Street
Liberty, Missouri 64068