



PLEASE FILL OUT THIS FORM AND RETURN IT TO:

**Grimes County District Attorney's Office
Victim Assistance Division
P.O. Box 599
Anderson Texas 77830**

Name: _____

Address: _____ City _____ State _____ Zip _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Insurance Company Name _____

Address: _____ City _____ State _____ Zip _____

Amount of Insurance Pay out: _____ Deductible: _____

Did the defendant's insurance cover your losses/damages? YES NO

Property Description	Where was it purchased	Purchase Year & Price	Fair Market Value	Was property recovered? If so, list any damages and cost of repair

If more items, please attach a separate page to this document.

How did you determine the Fair Market value of your property that was destroyed or not recovered?

A. Professional Appraisal Name of Appraiser _____

Address: _____ Phone _____

B. Receipt: Please attach a copy of the receipt.

C. Other Explain _____

Do you have any photos of the property, either before or after the incident? If yes, please enclose upon return of this form.

Total amount of loss, - Cash or Fair Market Value? \$ _____

Signature _____ Date _____

 **FAILURE TO RETURN THIS FORM MAY RESULT IN NO RESTITUTION COLLECTED** 

Cause #: _____