

**HAYS WEBB, DISTRICT ATTORNEY**  
**Sixth Judicial Circuit of Alabama**  
**714 Greensboro Avenue, Suite 410**  
**Tuscaloosa, Alabama 35401-1894**  
**205-349-1252**  
**RESTITUTION STATEMENT**

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*IN THE CIRCUIT COURT FOR THE SIXTH JUDICIAL CIRCUIT, TUSCALOOSA COUNTY, ALABAMA*

**State of Alabama, Plaintiff vs. \_\_\_\_\_, Defendant**

I am the victim in this case. I hereby request that the Court enter an Order of Restitution for the losses or damages that I suffered because of the defendant's criminal activity. The listed damages on the back of this form include only my actual losses suffered and do not include any amounts or undamaged property recovered from the defendant.

Please mail or deliver this form to **Tuscaloosa Co. District Attorney, 714 Greensboro Avenue Suite 410, Tuscaloosa, AL 35401**. You may also complete and file an electronic version of this form at [www.TuscaloosaDA.com](http://www.TuscaloosaDA.com) under "Forms."

**Please retain any bills/invoices/records related to your losses in the event that they are required at a later date.**

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DA Case Number: \_\_\_\_\_

Call 205-349-1252 to get in touch with your Victim Service Officer.

Victim Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Victim Name:** \_\_\_\_\_

**Victim Address:** \_\_\_\_\_

\_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell: \_\_\_\_\_

**Continued on back**

Please detail your losses and damages. *Unexplained amounts are not recoverable.*

**PROPERTY EXPENSES** (to replace, repair, or clean).....\$ \_\_\_\_\_

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**MEDICAL EXPENSES** (medicine, doctor, hospital, ambulance, etc.).....\$ \_\_\_\_\_

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**LOST WAGES** (pay/hour).....\$ \_\_\_\_\_

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**TRAVEL EXPENSES**.....\$ \_\_\_\_\_

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**FUNERAL EXPENSES**.....\$ \_\_\_\_\_

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**OTHER EXPENSES**.....\$ \_\_\_\_\_

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**TOTAL DUE TO VICTIM**.....\$ \_\_\_\_\_