



38<sup>TH</sup> JUDICIAL DISTRICT ATTORNEY'S  
OFFICE  
CHRISTINA MITCHELL BUSBEE



**Restitution Information Form**

THE STATE OF TEXAS VS. \_\_\_\_\_ Cause Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Do you have insurance to cover any expenses/losses? Yes \_\_\_\_\_ No \_\_\_\_\_

Total of out-of-pocket expenses after insurance: \_\_\_\_\_

(Stolen property, medical expenses, etc.; please submit receipts of out-of-pocket expenses, if available.)

Name & address of your insurance company: \_\_\_\_\_

Name of your insurance agent: \_\_\_\_\_

What is the amount of your deductible? \_\_\_\_\_

(The part of the loss not covered by your insurance.)

**Please return this form back to our office in order for us to determine what amount is owed to you.**

I have read the above and it is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date