CUMBERLAND COUNTY
OFFICE OF THE DISTRICT ATTORNEY
VICTIM SERVICES DIVISION

DAVID J. FREED
DISTRICT ATTORNEY

DONNA VANDEMORTEL
EXECUTIVE DIRECTOR

Commonwealth v. _____

Case No. _____ **OTN No.** _____

Assistant District Attorney _____

Description of loss (generally, claims can only cover cash loss, property loss, or medical expenses). Medical losses can include prescription drugs, ambulance, hospital, doctor, X-ray, counseling, etc. **You must attach copies of all estimates, bills or receipts to substantiate these claims.**

Name of Victim _____ Phone-Home _____

Address _____ Phone-Work _____

Police Dept.: _____ Arresting Officer: _____

_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____

Total Loss/Damage $ _____
Amount Insurance Covered $ _____
Amount of Insurance Deductible $ _____
Total Out-of-Pocket Expense $ _____

Was the claim covered by insurance? Yes ❑ No ❑ In Part ❑
Are there ongoing medical related expenses? Yes ❑ No ❑
Claim # _____
Name of Insurance company _____
Agent's Name _____
Address _____
Phone _____ Policy Number _____

Date _____ Victim's Signature _____

Victims may also apply to the Bureau of Victim Services, Victim Compensation Board for medical expenses, lost wages, funeral and/or burial expenses. If you would like more information, call Victim/Witness at any of the below numbers, or victim compensation at 1-800-233-2339.

RETURN THIS FORM TO:

CUMBERLAND COUNTY COURTHOUSE, ONE COURTHOUSE SQUARE, CARLISLE, PA 17013
PHONE: (717) 240-6220 (717) 697-0371 x6220 (717) 532-7286 x6220 FAX: (717) 240-7805
e-mail: victims@ccpa.net