

IN THE \_\_\_\_\_ COURT FOR CARTER COUNTY, TENNESSEE

## VICTIM LOSS STATEMENT

Victim:

Offender: STATE VS.

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Defendant's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Case Number(s)

\_\_\_\_\_  
Phone Numbers (home/work)

\_\_\_\_\_  
Charge(s)

Please list property taken or damaged or the type of injuries you have sustained. Where possible, enclose bills, receipts or estimates. List only property you believe has not been recovered. Do not list property being temporarily held as evidence by police. If you need more space, use the back or attach additional sheets of paper.

### Property Loss

Items	Purchase Date	Purchase Price	Replacement Cost	Amount Reimbursed by Insurance

### Damages/Injuries

Type	Repair/Treatment Costs	Amount Reimbursed by Insurance

### Insurance

If you have filed or intend to file a loss claim with your insurance company, please complete the following:

Insurance Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Amount of Insurance Policy Deductible: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned Petitioner, verify that the statements herein are true to the best of my knowledge, information and belief at this time. This is an estimated statement; in the event circumstances change, I reserve the right to modify it at a later date by submitting an amended statement.

Witnessed:

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Date