

The Commonwealth of Massachusetts

BERKSHIRE DISTRICT ATTORNEY



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PROPERTY RESTITUTION FORM

Commo	onwealth vs.	Docket #:
Victim	Assistance Advocate:	
Victim	Name:	
А.	Briefly describe property theft/damage:	
B.	What was the value of the property at time of theft/damage?	
C.	Has your stolen property been recovered? <u>Yes</u> No If yes, is the property in your possession or is it being held as evidence in this case?	
D.	Cost of repair or replacement: *Please deduct amount j Your total out-of –pocket proj	•
	*Name of responsible insurance company: Is this: My insurance company Defer	idant's insurance company

**Please attach copies of bills, estimates, or other proof of loss to the form and retain the originals. If your insurance company made a payment, please attach a copy of the insurance company determination showing payment and your deductible, if any.

 Signature:

 Telephone #:
