1	
2	
3	
4	
5	MONTANIA CINTERNITH HIDICIAL DICTRICT COLURT CLICTER COLUNTY
6	MONTANA SIXTEENTH JUDICIAL DISTRICT COURT, CUSTER COUNTY
7	STATE OF MONTANA, Criminal Cause No.
8	Plaintiff, Honorable Michael B. Hayworth
9	vs.
10	VICTIM'S AFFIDAVIT OF PECUNIARY LOSS AND
11	THE REPLACEMENT VALUE IN DOLLARS OF THE LOSS
12	
13	
14	Pursuant to §46-18-242(1)(b) of the Montana Code Annotated, I,
15	(print full name), being first duly sworn, deposes and says:
16	1. I am the victim or authorized representative of the victim in the above-entitled
17	cause.
18	2. As a result of the crime committed by the Defendant, I have suffered the
19	following pecuniary losses as defined in §46-18-243(1)(a-d) of the Montana Code Annotated:
20	
21	A. Medical expenses. (may include cost of medical exams, treatment, tests,
22	medication, surgery, ambulance transport, psychological counseling/ therapy, vision and/or dental exams and treatment)
23	Amount: \$
24	Documentation attached: yesno
25	B. Loss of income.
26	Amount: \$; Documentation attached: yes no
27	
28	Page 1 of 3
.,	rage 1 01 3

1		C.	Expenses reasonably incurred in obtaining ordinary and necessary services
2			that I would have performed if not injured.
			Amount: \$;
3			Documentation attached: yes no
4		D.	Expenses reasonably incurred in attending court proceedings related to the
5			commission of the offense.
c			Amount: \$;
6			Documentation attached: yes no
7		E.	Reasonable expenses related to funeral and burial or crematory services.
8			Amount: \$;
0			Documentation attached: yes no
9		F.	The full replacement cost of property taken, destroyed, harmed, or
10			otherwise devalued as a result of the offender's criminal conduct.
11			Amount: \$;
12			Documentation attached: yes no
		G.	Future medical expenses that can reasonably be expected to incur as a
13			result of the offender's criminal conduct, including cost of psychological
14			counseling, therapy, and treatment.
15			Amount: \$;
			Documentation attached: yes no
16		Н.	Reasonable out of pocket expenses I incurred in filing charges or in
17			cooperating in the investigation and prosecution of the offense.
18			Amount \$;
			Documentation attached: yes no
19	3.	At th	te time of the crime, I had medical/health insurance, home/property
20	insurance _	, a	and/or vehicle insurance
21		A.	I have made a claim to the following insurance provider:
22			
23		В.	I have received an insurance payment in the amount of \$
		C.	My deductible is \$
24		D.	My claim has been denied.
25		Е.	My claim has not been processed to date.
26	4	F.	Documentation attached: yes no
	4.	I ha	ve made a claim to the Defendant's insurance provider:
27			
28			Page 2 of 3

1		A. I have received payment in the amount of \$
2		B. My claim has been denied.
		C. My claim has not been processed to date.
3		D. Documentation attached: yes no
4	5.	I am covered under the Medicaid program.
5		A. Medicaid has paid medical/counseling costs in the amount of \$
6		B. Amount I am responsible for: \$
7		C. Documentation attached: yes no
	6.	I have applied for Crime Victims Compensation.
8		A. I have been awarded benefits in the amount of \$
9		B. I have been denied benefits.
10		C. No decision has been made to date.
		D. Documentation attached: yes no
11	7.	I am NOT asking for any restitution from the defendant because
1213	8.	The total amount of restitution I am requesting from the above-named Defendants,
14	is \$	(Total pecuniary losses less insurance payments, Crime Victims
	Compensatio	n benefits, Medicaid, or any agency that has reimbursed you or your providers).
15	_	
16	1 501	BMIT THE FOREGOING AFFIDAVIT is true and accurate to the best of my
17	knowledge a	nd belief.
18		
19	Printed Nam	e Signature
20		
21	Mailing Add	ress City State Zip Telephone Number
22	SUBS	SCRIBED AND SWORN TO before me this day of
23	20	Gerabab in the street of the time time day or
24	20	
25		
		Notary Public Signature
26		rodary i done dignature
27		
28		Page 3 of 3