

MONTANA SIXTEENTH JUDICIAL DISTRICT COURT, CUSTER COUNTY

STATE OF MONTANA, Plaintiff, vs. _____, Defendant.	Criminal Cause No. _____ Honorable Michael B. Hayworth VICTIM'S AFFIDAVIT OF PECUNIARY LOSS AND THE REPLACEMENT VALUE IN DOLLARS OF THE LOSS

Pursuant to §46-18-242(1)(b) of the Montana Code Annotated, I, _____

_____ (print full name), being first duly sworn, deposes and says:

1. I am the victim or authorized representative of the victim in the above-entitled cause.

2. As a result of the crime committed by the Defendant, I have suffered the following pecuniary losses as defined in §46-18-243(1)(a-d) of the Montana Code Annotated:

A. Medical expenses. (may include cost of medical exams, treatment, tests, medication, surgery, ambulance transport, psychological counseling/therapy, vision and/or dental exams and treatment)

Amount: \$ _____

Documentation attached: yes _____ no _____

B. Loss of income.

Amount: \$ _____;

Documentation attached: yes _____ no _____.

- C. Expenses reasonably incurred in obtaining ordinary and necessary services that I would have performed if not injured.
Amount: \$ _____;
Documentation attached: yes ____ no ____.
- D. Expenses reasonably incurred in attending court proceedings related to the commission of the offense.
Amount: \$ _____;
Documentation attached: yes ____ no ____.
- E. Reasonable expenses related to funeral and burial or crematory services.
Amount: \$ _____;
Documentation attached: yes ____ no ____.
- F. The full replacement cost of property taken, destroyed, harmed, or otherwise devalued as a result of the offender's criminal conduct.
Amount: \$ _____;
Documentation attached: yes ____ no ____.
- G. Future medical expenses that can reasonably be expected to incur as a result of the offender's criminal conduct, including cost of psychological counseling, therapy, and treatment.
Amount: \$ _____;
Documentation attached: yes ____ no ____.
- H. Reasonable out of pocket expenses I incurred in filing charges or in cooperating in the investigation and prosecution of the offense.
Amount \$ _____;
Documentation attached: yes ____ no ____.

3. At the time of the crime, I had medical/health insurance _____, home/property insurance _____, and/or vehicle insurance _____.

- A. I have made a claim to the following insurance provider:

- B. I have received an insurance payment in the amount of \$ _____
- C. My deductible is \$ _____.
- D. My claim has been denied.
- E. My claim has not been processed to date.
- F. Documentation attached: yes ____ no ____.

4. I have made a claim to the Defendant's insurance provider:
