VICTIM'S AFFIDAVIT

PART TWO: INSTRUCTIONS - You should fill in the total(s) of your loss(s) in the appropriate blank.

SUMMARY OF VICTIM'S LOSSES

Unrecovered Property: _____

Cost of Repairs: _____

Medical Expenses: _____

VICTIM'S INSURANCE CERTIFICATION

By my signature I certify that none of my loss was covered by insurance.

_____
Signature of Victim

*If you filed a claim on any insurance company, please provide the name and address of your insurance company or agent.

_____

_____

VERIFICATION

STATE OF ARIZONA }
} ss.
COUNTY OF GRAHAM }

_____, being the victim named in Departmental Record Number _____
(*name of victim*) (*DR#*)

of the Safford Police Department upon being sworn, deposes and says that this AFFIDAVIT is true and correct based on the information and belief of the affiant.

_____
Signature of victim/affiant

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 .

_____
Notary Public

My Commission Expires:

_____

VICTIM'S AFFIDAVIT

PART ONE: ***INSTRUCTIONS*** – List each item you believe was stolen, serial numbers if you have them and *the value of the item. If you were the victim of property damage, list the cost of repairs to your property. If you have medical expenses list the amounts of hospital and* doctor's bills.

R	#	ITEM DESCRIPTION	SERIAL NUMBER	AMOUNT