



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
ADULT PROBATION & PAROLE**

AFFIDAVIT OF VICTIM'S PECUNIARY LOSS

STATE OF MONTANA)
County of _____)

_____ , being first duly sworn, says:
Name of Victim _____

1. I am the victim of the crime(s) committed by defendant, _____, in Cause No. _____.
2. I have personal knowledge of the information contained in this affidavit.
3. As a result of the crime(s) committed by the defendant, I sustained the following losses:

| <u>Description of Pecuniary Loss</u> | <u>Replacement Value</u> | <u>Documentation</u> |
|--------------------------------------|--------------------------|--|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TOTAL PECUNIARY LOSS | | |

4. The information contained in this affidavit, including any documentation submitted in support, is true and correct to the best of my knowledge.

DATED this _____ day of _____, 20____.

Signature of Victim _____ Printed Name of Victim _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, 20____,

by _____
Name of Victim

Signature _____
Name _____
Notary Public for the State of Montana
Residing at _____, Montana
My commission expires _____

(Seal)