

The Pay-Back \$ Program

Marilyn Parker-Jeffries, Program Manager

The Pay-Back Program
226 Middle Avenue
Elyria, Ohio 44035
Telephone (440) 329-5451
Fax (440) 326-4896

Date:

To:

Our records indicate that you may qualify for definition as the victim of a traffic/delinquent act(s) committed by the above-named juvenile(s). Consequently the Magistrate has ordered that restitution be determined through this program

If the request for restitution is substantiated, this department will make every effort to hold the offender(s) accountable for the restitution ordered by the Court. However, you should be aware that we do not have a one hundred percent recovery rate. Additionally, you should also be advised that once offenders reach the age of 21, Juvenile Court no longer has legal jurisdiction over them.

Consequently, in order to recoup your loss, you may want to consider filing for a judgment in Civil Court against the parents of the offender. You should be aware that there are time limitations attached to filing cases in Civil Court. Should you choose to pursue this course of action, please indicate that on the enclosed form.

Should you choose to pursue the issue of restitution through Juvenile Court, please complete the enclosed form and return it within 30 days to the above address.

If you have any questions, I can be reached Monday through Friday between the hours of 8:00 a.m. and 4:00 p.m.

Sincerely,

Marilyn Parker-Jeffries
Program Manager

The Pay-Back \$ Program

Marilyn Parker-Jeffries, Program Director

Lorain County Juvenile Probation
226 Middle Avenue ~ 3rd Street
Elyria, Ohio 44035
Telephone (440) 329-5451
Fax (440) 326-4896

LOSS DOCUMENTATION FORM

Date: _____ Victim: _____
Offender: _____ Address1: _____
Case#: _____ Address 2: _____
Co-Def. 1: _____ City/State/Zip: _____
Co-Def. 2: _____ Phone: _____

If you are interested in obtaining restitution for non-insured losses, it is necessary that you complete the requested information and return it to the court in the enclosed self-addressed stamped envelope **Should you fail to submit this information to the Court or contact this department within 30 days from the above date, the court will assume that restitution is not an issue in this case.**

Understand that restitution in the matter pertains only to out-of-pocket losses that you may have encountered, i.e. if the offender did not have insurance, and you had to pay your deductible, etc.

1 **PERSONAL INJURY**: Attach doctor bills, hospital bills, and all other bills relating to the injury that were not covered by insurance. Describe the nature of your injury and treatment:

2 **UNREPAIRED DAMAGES**: Attach two (2) estimates for repairing the damages required Describe the nature of the damage: _____

3 **REPAIRED DAMAGES**: Attach a receipt showing the labor and cost of materials. Describe the nature of the damage: _____

4 **CASH**: List the total amount of unrecovered cash \$ _____

5 **UNRECOVERED STOLEN PROPERTY:** attach a signed statement from the store or dealer showing the value of the property Describe item: _____

6. Was damage covered by insurance? _____

7. **INSURANCE:** The following information **must** be completed as it relates to your loss:

Name of Insurance Company _____

Address: _____

Agent: _____

Phone: _____

Deductible: \$ _____

I affirm by my signature that the above listed information is complete and accurate to the best of my knowledge:

(Signature)

(Social Security #)

If you have any questions or concerns regarding the completion of this form, contact Andrea Robbins, Program Aide Specialist at (440) 329-5451, Monday through Friday between the hours of 8:00 AM - 4:00 PM