



LAURA A. NODOLF
DISTRICT ATTORNEY
500 N. LORAIN SUITE 200, MIDLAND, TX 79701

VICTIM ASSISTANCE COORDINATOR
KARA WELCH
432-688-4435

Defendant's name: _____

PLEASE FILL OUT AND RETURN **WITHIN 15 DAYS**

Victim:

Name: _____ Phone: _____
(work) _____

Address: _____

City: _____ State _____ Zip _____

Amount of property loss in terms of dollars: \$ _____

Have you been paid for this loss? _____

Do you have insurance to cover your loss? _____

If you have insurance, what is your deductible? _____ Policy # _____

Name of insurance company _____

Address of your insurance company _____

Name of your agent _____ Phone # _____

PROPERTY VALUE ITEM RECOVERED?

(Please use back if more room is needed)

Friend or relative who can reach you: _____

Their address and phone number: _____

Your Signature

Date

IT IS VERY IMPORTANT TO RETURN THIS ASAP. THANK YOU!!!

MAIL TO: 500 N LORAIN STE 200, MIDLAND, TX 79701