

**IMPORTANT – PLEASE READ**  
**Erie County Juvenile Court Restitution Policy**

**Pennsylvania’s Juvenile Act (Section 6352) permits the Juvenile Court to order juvenile offenders to pay monetary restitution to crime victims provided that:**

- (a) The amount of restitution is “reasonable” based upon such factors as the youth’s age and earning capacity.**
- (b) Its purpose is “rehabilitative” rather than punitive, the intent being to impress upon the youth a sense of responsibility for harm caused to another.**

**The Pennsylvania Juvenile Act does not require the Juvenile Court to**

- (a) Insure that the victim will always recover the amount of restitution ordered.**
- (b) Take punitive action against a youth who fails to fulfill his/her restitution obligation.**

**In order to comply with these provisions set forth by law, the Erie County Juvenile Court’s Probation Department will adhere to the following policy:**

- (a) Fulfillment of a restitution obligation will always be included as one of a youth’s treatment goals.**
- (b) The youth’s Probation Officer will make every effort to encourage the youth to fulfill a restitution obligation, including attempts to help unemployed youth find full or part-time employment.**
- (c) Youth who have an income or other financial resources but refuse or fail to make any effort to fulfill their restitution obligation will be required to reappear in Court before the Judge to account for their failure to comply with the restitution order.**
- (d) Youth who are unemployable and have no other financial resources will be required to fulfill their restitution obligations by performing some form of community service work.**
- (e) Victims who are still owed outstanding restitution sums will receive a letter from the Court at the point when the youth’s case is being closed. This letter will explain what further action the victim might take to attempt to recover an unpaid restitution sum.**

Re: \_\_\_\_\_

**VICTIM IMPACT STATEMENT**

1. How did the crime affect you (and your family)?

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2. What was the emotional impact of this crime on you?

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3. What was the financial impact of this crime on you?

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4. What would you want to happen now?

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Date	Signature of Victim
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\*Please feel free to attach additional sheets if necessary.

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Juvenile's Name

**VICTIM RESPONSE FORM**

As a victim of a crime, you will receive notification of the status of the juvenile offender.

Please complete the section below with your current address and phone number. If you

have a change of address or phone number, you must notify the Victim Witness

Coordinator immediately, otherwise, it will be impossible for you to be notified, or to

receive restitution checks. Our agency follows a strict confidentiality standard and this

information will not be given to any person other than a representative of a law

enforcement agency or corrections agency without your written consent.

Name

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Address

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City

State

Zip Code

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Phone Numbers

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Home

Work

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**IF YOU HAVE SUFFERED A FINANCIAL LOSS AS A RESULTS OF THE ABOVE-REFERENCED JUVENILE (S) CRIMINAL ACTIVITY(IES), PLEASE COMPLETE THE VICTIM CLAIM FORM WITHIN TEN (10) DAYS OF THE DATE OF THE ATTACHED CORRESPONDENCE. IF AN EXTENSION IS NECESSARY, PLEASE SUBMIT A REQUEST FOR AN ADDITIONAL TEN (10) DAY PERIOD BEFORE THE INITIAL TEN (10) DAY PERIOD HAS EXPIRED. YOUR CLAIM MUST PROVIDE A SPECIFIC AND DETAILED ITEMIZED LIST(S) OF DAMAGE(S) AND/OR LOSS(ES). RECEIPTS OF PURCHASE, ESTIMATES FOR REPAIRS, ETC., ARE HIGHLY RECOMMENDED. FAILURE TO COMPLY WITH SUBMISSION OF VICTIM CLAIM FORM IN A TIMELY MANNER MAY RESULT IN A DENIAL OF YOUR RESTITUTION CLAIM.**

**VICTIM CLAIM FORM**

STATEMENT OF LOSS SUSTAINED BY (VICTIM)	
AS A RESULT OF DELINQUENT ACTIVITIES OF (JUVENILE)	
DESCRIPTION OF LOSS (ATTACH ESTIMATES, BILLS OR RECEIPTS TO SUBSTANTIATE CLAIM) CLAIMS WILL NOT BE PROCESSED WITHOUT PROPER DOCUMENTATION.	
	\$
	\$
	\$
	\$
	\$
<b>TOTAL LOSS</b>	\$

PERSONAL INJURY (DOCTOR, HOSPITAL, OTHER MEDICAL ATTENTION)			
Above loss covered by insurance	YES	NO	IN PART
Name and address restitution (out-of-pocket and insurance deductible), if ordered, is to be sent to:			
Name			
Address			
City	State	Zip	Phone
Amount of claim presented to insurance company		\$	
Amount of claim paid by the insurance company		\$	
Policy #	Claim #		
Name of insurance company and address (including department). Restitution, if ordered, is to be sent to:			

PLEASE INFORM YOUR INSURANCE COMPANY THAT YOUR CLAIM IS A RESULT OF A JUVENILE ACT AND THAT THEY CAN CONTACT US FOR RESTITUTION.

**\*PLEASE FEEL FREE TO ATTACH ADDITIONAL SHEETS IF NECESSARY.**