



# RESTITUTION FORM



DEFENDANT/RESPONDENT: \_\_\_\_\_ CASE NO: \_\_\_\_\_

## VICTIM INFORMATION

NAME:		Home Phone:
ADDRESS:		Cell Phone:
		Work Phone:
RESTITUTION AMOUNT: \$ _____ <input type="checkbox"/> Capped <input type="checkbox"/> Exact	Village:	Email:

## RECIPIENT INFORMATION

<input type="checkbox"/> Same as above	RELATIONSHIP TO VICTIM:	
NAME:		Home Phone:
ADDRESS:		Cell Phone:
		Work Phone:
Village:	Email:	

## RESTITUTION DELIVERY METHOD

Mail the restitution check to the address indicated above.

Will personally appear to pick up the restitution check.

## CONFIDENTIALITY

Victim elects to have his or her contact information remain confidential. IF THIS OPTION IS SELECTED, THE VICTIM'S CONTACT INFORMATION SHALL BE REDACTED PRIOR TO SERVICE UPON DEFENDANT/RESPONDENT AND UPON ANY PUBLIC OR PARTY REQUEST TO VIEW THE FILE.

**Explanation of Restitution Amount:**

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\_\_\_\_\_

\_\_\_\_\_

Inventory/estimate/receipt attached.

\_\_\_\_\_  
Prosecutor

\_\_\_\_\_  
Date