

VICTIM RESTITUTION REQUEST FORM

Case Name: State vs. \_\_\_\_\_ Cause No.: C \_\_\_\_\_

Your Name: \_\_\_\_\_ Victim's Name (if different): \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street number Street Apt. # City State Zip Code

Mailing Address: \_\_\_\_\_  
(if different) Street number Street Apt. # City State Zip Code

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Requests for restitution must be received by:** \_\_\_\_\_. If no request is received on or before this date, the City may not be able to seek restitution on your behalf. Please consult with an attorney for legal advice if you are seeking to file a civil suit or if you have questions about how filing a request for restitution through a criminal court may affect your ability to recover in a civil action.

Please list specific amounts you are seeking for damages, lost property, repairs or other out-of-pocket expenses as a result of this crime. **The final decision to order restitution, as well as the amount of restitution to be awarded and how restitution is made, rests exclusively with the Court.**

Medical and/or Dental Expenses\* \$ \_\_\_\_\_

- out of pocket expenses directly resulting from injuries sustained as a result of this crime not covered Medicaid, Medicare, or private insurance, including co-pays.

Veterinary Expenses\* \$ \_\_\_\_\_

- out of pocket expenses directly resulting from injuries sustained as a result of this crime not covered insurance, including co-pays.

Property Damage\* \$ \_\_\_\_\_

- out of pocket cost to repair/replace all damage to or loss of property, not covered by the cost of insurance, e.g. fence repair.

Insurance Deductible\* \$ \_\_\_\_\_

- unreimbursed insurance deductible or co-pay, e.g. home insurance deductible.

Counseling Fees\* \$ \_\_\_\_\_

- may be reimbursable if the crime against you was traumatic in nature.

**TOTAL OF RESTITUTION REQUEST:** \$ \_\_\_\_\_

**\*ATTACH/INCLUDE COPIES OF ANY RECEIPTS OR ESTIMATES FOR LOSSES.**

Check here if you anticipate additional out-of-pocket expenses as a result of this crime.

I affirm under the penalties of perjury that the foregoing represents actual losses suffered by me as a result of this incident.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please return this form along with all receipts or records to:

Name, Address, on or before date of restitution request deadline.