

VICTIM RESTITUTION REQUEST FORM

Green Lake County Victim/Witness Program

571 County Road A., P.O Box 3188

Green Lake, WI 54941

RETURN BY: _____

Restitution can be requested only at the time of conviction. If you wish this office to submit a claim for restitution to the Court on your behalf, please complete and return this form along with all the required documentation according to the instructions provided by the date listed above. If you have any questions or need assistance in completing this form, please call the Victim/Witness Program at (920) 294-4047.

STATE V.

IN THE INTEREST OF:

CASE NO.

CHARGE(S):

DATE OF INCIDENT:

VICTIM:

ADDRESS (where restitution should be sent):

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

If there is **NO** restitution requested please check this blank and return form _____

Please be specific as to the items lost or damages suffered. Attach copies of all receipts, bills, and repair/replacement cost estimates. The information listed below should be your direct out-of-pocket expenses only. If any amounts were covered by insurance, that information should be listed in the "INSURANCE INFORMATION" section on the next page. **Without the proper documentation, your restitution claim cannot be submitted to the Court!**

LOST WAGES (due to the injury(ies) incurred) This is take home NET wages, **NOT** GROSS wages. If you took sick time or vacation time for lost work, then you are not eligible for reimbursement for those lost wages. Something documented by your employer should accompany this claim.

MILEAGE (at .20/mile) List dates, what the mileage is for, and total miles traveled per entry.

MEDICAL (due to injury(ies) incurred) Itemize dates of treatment, facility that provided treatment, & attach copies of all bills showing itemized listing of services, total expenses/balance owed, and any payments made and by whom.

PROPERTY STOLEN/DAMAGED List separately each item stolen and/or damaged, the cost to replace the comparable item(s), the cost to repair the damaged item(s) & submit copies of bills, invoices, or other documentation showing the cost to replace and/or repair each item.

MISCELLANEOUS (funeral expenses, etc)

You may continue on a separate sheet of paper if needed

TOTAL COSTS: _____

INSURANCE INFORMTAION

Insurance Company: _____ Agent: _____ Phone: _____
Address: _____ Claim No. _____

Did your insurance company reimburse you for some/all of your losses? YES _____ NO _____

If so, what was the amount of your deductible? \$ _____ (Attach documentation)

Was any property taken into custody as evidence? YES _____ NO _____

Have the police notified you that some/all of your property has been recovered & is being held? YES _____ NO _____

I declare that the foregoing is true and correct and have attached appropriate documentation.

Print Name: _____

Signature: _____

Date: _____