



# Restitution Form



Defendant/Respondent: \_\_\_\_\_ Case Number: \_\_\_\_\_

## Victim Information

|                           |          |             |
|---------------------------|----------|-------------|
| Name:                     |          | Home Phone: |
| Mailing Address:          |          | Cell Phone: |
|                           |          | Work Phone: |
| Restitution Amount:<br>\$ | Village: | Email:      |

## Recipient Information

|  |                         |             |
|--|-------------------------|-------------|
| <input type="checkbox"/> Same as above | Relationship to Victim: |             |
| Name:                                  |                         | Home Phone: |
| Mailing Address:                       |                         | Cell Phone: |
|  |                         | Work Phone: |
| Village:                               | Email:                  |             |

## Restitution Delivery Method

I want to pick up all of the payments in person at the Court.

I want all of the payments to be mailed to me at the address listed above.

I want to pick up the first payment, and then I want all of the remaining payments to be mailed to me at the address listed above.

## Confidentiality

I want to have my contact information that is listed above remain confidential.

If this option is selected, the victim's contact information must be redacted before serving the defendant/respondent a copy of the document. The parties must also ensure that the Court seals this record.

## Explanation of Restitution Amount

---



---



---



---

**If you are asking for restitution, you must attach documents proving the amount of damages.  
(Such as receipts, quotes, invoices, etc.)**

\_\_\_\_\_  
Victim or Victim Representative on behalf of the Victim

\_\_\_\_\_  
Date