

RESTITUTION INFORMATION SHEET
(MUST be completed prior to sentencing)

Defendant Information
(Person responsible for incident leading to damage or injuries)

Def. Name: _____	Case No.: _____
Address: _____	Income/Employment (if known): _____
Phone No.: _____	_____

Co-Defendant Information

List any known co-defendants: _____

Victim Information
(Person submitting restitution request stemming from a criminal incident)

Victim Name: _____
Address: _____
Phone No.: _____

Description of Restitution

In DETAIL, please describe the nature of the restitution requested (medical, property damage, theft, etc.) _____

Victim's Out-of-Pocket Expenses

List all out-of-pocket expenses and/or repaired damages. Copies of actual receipts or a **minimum of 2 estimates** (if work has not been completed yet) must be attached.

Will your insurance company be handling any of the loss/damages? Yes No
If yes, what amount will be covered (deductible)? \$ _____

Victim's Insurance Information
This section MUST be completed in every circumstance.

Insurance Company: _____	Deductible: \$ _____
Adjustor or Agent Name: _____	Type of Coverage:
Address: _____	<input type="checkbox"/> Auto
_____	<input type="checkbox"/> Homeowners
Phone No.: _____	<input type="checkbox"/> Medical
SSN or Policy #: _____	