

Government Entity Restitution Statement

DEFENDANT: _____ CASE# _____

INCIDENT DATE: _____

CODEFFENDANT(S): _____ CASE# _____

GOVERNMENT ENTITY: _____

ADDRESS: _____

PHONE NUMBER: _____

DO YOU PLAN TO MAKE A CLAIM TO YOUR INSURANCE CARRIER: () YES () NO

INSURANCE COMPANY INFORMATION, IF YOU ARE MAKING A CLAIM:

AGENT: _____ CLAIM# _____

ADDRESS: _____ PHONE# _____

BUSINESS OWNERS' DEDUCTIBLE: \$ _____

BUSINESS OWNERS' INSURANCE CLAIM TOTAL: \$ _____

** WE ASK FOR THIS INFORMATION TO GET THE INSURANCE COMPANY REIMBURSED

() NO PROPERTY LOSS () ALL PROPERTY RECOVERED () PARTIALLY RECOVERED / DAMAGED

YOU MUST INCLUDE COPIES OF ANY RECIEPTS OR FAIR MARKET VALUE OF LOSSES, FOR RESTITUTION REQUEST AT THE TIME OF THE SENTENCING

ITEM DESCRIPTION	\$ FAIR MARKET VALUE

TOTAL AMOUNT OF RESTITUTION REQUEST \$ _____

I AFFIRM UNDER THE PENALTY OF PERJURY THAT THE FOREGOING REPRESENTS THE ACTUAL LOSSES SUFFERED BY MY BUSINESS AS A RESULT OF THIS INCIDENT

DATE _____ SIGNATURE _____

PLEASE RETURN FORM 1 OF 4 WAYS:

- 1.) MAIL TO: VICTIM ADVOCATE, IOSCO COUNTY COURTHOUSE P.O. BOX 548, TAWAS CITY, MI 48764
- 2.) EMAIL: fellis@ioscocoounty.org
- 3.) FAX: (989) 984-1106
- 4.) DROP OFF: PROSECUTING ATTORNEYS OFFICE, 422 W. LAKE ST. TAWAS CITY, MI 48763