

MINOR VICTIM-RESTITUTION REQUEST FORM

PEOPLE OF THE STATE OF MICHIGAN VS _____ CASE # _____
CO-DEFENDANT(S) _____ CASE # _____

MINOR VICTIM NAME: _____
PARENT/GAURDIAN OF MINOR VICTIM: _____
HOME ADDRESS: _____
HOME PHONE # _____ CELL / MESSAGE PHONE _____

Do you have medical bills, damage to items and/or other expenses as a result of the crime committed against you?
() YES () NO

IF YOU HAVE CHECKED YES, PLEASE COMPLETE THE INFORMATION BELOW:

DO YOU HAVE INSURANCE COVERAGE? () YES () NO
DO YOU PLAN TO SUBMIT A CLAIM TO YOUR INSURANCE CARRIER? () YES () NO
NAME OF YOUR INSURANCE CO. _____ AGENT _____
ADDRESS _____ PHONE _____
CLAIM # _____

WHAT IS THE AMOUNT OF YOUR DEDUCTIBLE? \$ _____
MEDICAL AND/OR DENTAL EXPENSES* \$ _____

-out of pocket expenses directly resulting from injuries sustained as a result of this crime, not covered by the insurance company.

PROPERTY DAMAGE*

-out of pocket cost to repair/replace all damage to or loss of property,

NOT covered by insurance, including the value of any items stolen and NOT returned to you or recovered for evidence by law enforcement.

ITEM DESCRIPTION	\$ VALUE

TOTAL OF RESTITUTION REQUEST \$ _____

***YOU MUST INCLUDE COPIES OF RECIEPTS OR FAIR MARKET VALUE FOR THE LOSSES. THIS RESTITUTION REQUEST WILL BE PROVIDED TO THE JUDGE AT THE TIME OF SENTENCING**

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

DATE _____ SIGNATURE _____

PLEASE RETURN FORM 1 OF 3 WAYS:

MAIL TO: VICTIM ADVOCATE, IOSCO COUNTY COURTHOUSE P.O. BOX 548, TAWAS CITY, MI 48764

EMAIL TO: fellis@ioscocoounty.org

FAX: (989) 984-1106