

Notice of Restitution

Defendant: _____ Case: _____

Codefendant: _____

Victim Name: _____

We would like to assist you in recovering some or all of your loss. Please provide us with the following information and we will process your request as such:

Please list each check separately. If you run out of space, please provide a separate sheet of paper

CHEK NUMBER	CHECK AMOUNT	BANK FEES	POSTAL FEES	TOTAL LOSS

Grand Total: _____

THIS FORM MUST BE **RETURNED WITHIN 2 WEEKS** OF RECEIPT. FAILURE TO DO SO MAY RESULT IN RESTITUTION NOT BEING ORDERED BY THE COURT.

I hereby certify that the above is a true and accurate statement under the penalty of Contempt of Court.

Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

Please return form 1 of 4 ways:

Email: fellis@ioscocoounty.org

Fax: 989-984-1106

Mail: Victim Advocate P.O. Box 548 Tawas City, MI 48764

Drop off: Iosco County Prosecuting Attorney's Office, 422 W. Lake Street Tawas City, MI 48763