

RESTITUTION REQUEST FORM

This form is used to calculate any out of pocket financial expense that was a direct result of the crime.
Please return this for as soon as possible. Restitution is ordered at the time of the sentencing hearing.

PEOPLE OF THE STATE OF MICHIGAN VS _____ CASE # _____

CO-DEFENDANT(S) _____

YOUR NAME (VICTIM): _____

YOUR ADDRESS (VICTIM): _____

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

ITEM DESCRIPTION	\$ VALUE

Total of Restitution request \$ _____

***YOU MUST INCLUDE COPIES OF, ANY RECIEPTS OR, FAIR MARKET VALUE OF LOSSES FOR RESTITUTION REQUEST, THIS AMOUNT WILL BE REQUESTED AT THE TIME OF THE DEFENDANTS 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@ioscocounty.org
FAX: (989) 984-1106