

Restitution Information

TO: Victim Witness Services
PO Box 8095
Wisconsin Rapids, WI 54495-8095

Defendant Name: _____

Court Case No.: _____

DA Case No.: _____

Victim Initials: _____

PLEASE CHECK THIS BOX IF YOU DO NOT WANT TO REQUEST RESTITUTION.

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Please itemize your costs/losses: _____

\$ Amount

Please note that you must attach copies of bills, receipts, quotes, or other proof of loss.

TOTAL REQUEST: _____

PLEASE COMPLETE THIS SECTION IF LOSSES WERE COVERED BY INSURANCE:

Insurance Company: _____

Amount of your Deductible: _____

Address: _____

Amount Paid by Insurance Co.: _____

Total Loss: _____
(Including insurance deductible)

Phone #: _____

Claim/Policy No.: _____

Agent's Name: _____ Phone #: _____

VICTIM SIGNATURE: _____ **DATE:** _____

To the best of my knowledge, the above information is true and accurate.