

# **RESTITUTION INFORMATION SHEET**

**(MUST be completed prior to sentencing)**

## **Defendant Information**

(Person responsible for incident leading to damage or injuries)

Def. Name: \_\_\_\_\_ Case No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Income/Employment  
Phone No.: \_\_\_\_\_ (if known): \_\_\_\_\_

## **Co-Defendant Information**

List any known co-defendants: \_\_\_\_\_  
\_\_\_\_\_

## **Victim Information**

(Person submitting restitution request stemming from a criminal incident)

Victim Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

## **Description of Restitution**

In **DETAIL**, please describe the nature of the restitution requested (medical, property damage, theft, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Victim's Out-of-Pocket Expenses**

List all out-of-pocket expenses and/or repaired damages. Copies of actual receipts or a **minimum of 2 estimates** (if work has not been completed yet) must be attached.

Will your insurance company be handling any of the loss/damages?  Yes  No  
If yes, what amount will be covered (deductible)? \$ \_\_\_\_\_

## **Victim's Insurance Information**

**This section MUST be completed in every circumstance.**

Insurance Company: \_\_\_\_\_ Deductible: \$ \_\_\_\_\_  
Adjustor or Agent Name: \_\_\_\_\_ Type of Coverage:  
Address: \_\_\_\_\_  Auto  
\_\_\_\_\_  Homeowners  
Phone No.: \_\_\_\_\_  Medical  
SSN or Policy #: \_\_\_\_\_