State Attorney's Office, 19th Judicial Circuit

Restitution Form

Case # _____

Defendant: _____

Victim's Name: _____

Address: _____

Phone Number: _____

Property Loss

List only damaged/stolen property and the fair market value or repair cost of EACH item.

You must submit documentation to support the amount requested.

1._____ $_____

2._____ $_____

3._____ $_____

4._____ $_____

Total $_____

Medical Expenses

Are you expecting any out-of-pocket medical expenses? ☐ Yes ☐ No

Is there any insurance to help cover any medical expenses? ☐ Yes ☐ No

Was Victim Compensation applied for? ☐ Yes ☐ No

Total amount of paid for out-of-pocket medical treatment $_____

You must submit documentation to support the amount requested.

Total amount of Restitution Requesting to be ordered $_____