

VICTIM RESTITUTION FORM

THIS FORM IS NOT CONFIDENTIAL

RETURN YOUR FORM TO:
WINNEBAGO COUNTY DISTRICT ATTORNEY VICTIM WITNESS PROGRAM
PO BOX 2808, 448 ALGOMA BOULEVARD
OSHKOSH WI 54903-2808

REMEMBER TO ATTACH DOCUMENTATION

FOR YOUR REQUEST AND ALSO FOR YOUR INSURANCE EXPENSE REQUEST.

Examples: Repair estimates, bills, receipts or other documentation to substantiate your request.
Insurance documents showing payments.
Submit copies only – keep your originals.

DEFENDANT: _____

CASE NO.: _____

PROSECUTOR: _____

COMPLETE THE SECTION BELOW

ATTENTION: VICTIMS UNDER 18 → WRITE ONLY THE INITIALS OF THE VICTIM'S NAME

Victim - if victim is a minor - initial only: _____

Minor Victim's Parents: _____

Address/City/State: _____

Home Phone : _____

Work/Cell Phone: _____

LIST YOUR OUT OF POCKET EXPENSES –NOT COVERED BY INSURANCE

Please list each item separately and the amount being claimed for that item.

\$

\$

\$

\$

\$

\$

\$

\$

YOUR TOTAL OUT OF POCKET AMOUNT REQUESTED \$ _____

INSURANCE EXPENSES Only complete if you have submitted a claim to the YOUR insurance company.

VICTIM'S Insurance Company: _____

Address: _____

Phone: _____

TOTAL AMOUNT PAID BY YOUR INSURANCE COMPANY \$ _____

Insurance Claim #
be requested.

←If this is not provided, NO restitution for the insurance company will

I certify the above information is true and correct and represents actual and reasonable expenses incurred by me.

Signature _____ **Date** _____