

ACCUSED NAME	CASE NO.	VICTIM
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RESTITUTION INFORMATION

PLEASE KEEP THE VICTIM/WITNESS PROGRAM INFORMED OF ANY CHANGES IN YOUR CONTACT INFORMATION.

IF YOU WANT TO REQUEST RESTITUTION, itemize unrecovered losses. Please attach documentation to substantiate your request.

If you can't submit the form by the deadline, contact the Victim Witness Program at (920)-236-4977.

TOTAL AMOUNT OF RESTITUTION REQUESTED: _____

<u>DESCRIPTION</u>	Attach copies of bills/receipts/statements if available.	<u>AMOUNT</u>

Note: It is your responsibility to inform your insurance company of the pending criminal case. If the insurance company wishes to submit a restitution request, it should be forwarded to the Winnebago County District Attorney's Office by the above stated deadline. Include the defendant's name and case number with the request.