RESTITUTION CLAIM FORM

STATE OF WISCONSIN VS: _____

VICTIM: _____ PHONE: _____

REQUESTS FOR RESTITUTION MUST BE RETURNED BY: _____

If you need more time to gather the information or documentation, you must contact Victim/Witness Services at (715) 726-7733 within 48 hours. If no request is made within this time the amount will be set at $0.00.

CHECK ANY OF THE FOLLOWING THAT APPLY:

☐ **NO restitution requested** (RETURN FORM EVEN IF NO CLAIM)

☐ Restitution for medical expenses (Attach copy of bills, receipts, etc.)
_____ Medical treatment continuing at this time
_____ I plan to seek counseling in the future

☐ Restitution for property loss/damage (Attach a copy of bills, receipts, estimates, etc.)

☐ My loss is covered entirely by insurance

☐ My loss is only partially covered by insurance

☐ I have no insurance coverage (Contact Victim/Witness Services for information on CRIME VICTIM COMPENSATION. Only applicable on personal injury cases)

☐ My property was recovered and:
_____ is being held as evidence
_____ was returned to me

IF LOSS WAS COVERED BY INSURANCE, PLEASE COMPLETE THE FOLLOWING:

Name of Insurance Company _____

Claim/Policy Number _____

Address _____

_____ Phone _____

AMOUNT OF DEDUCTIBLE AND/OR CO-PAY: _____

This information is true and accurate to the best of my knowledge. I understand this claim does not guarantee that I will recover restitution and does not release me from any obligation to my creditors.

_____ _____
Signature Date