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RESTITUTION REQUEST FORM

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Fairfield County Prosecuting Attorney, Kyle Witt

Please complete and return to the attention of your Victim Assistance Specialist

Mail To: The Fairfield County Prosecuting Attorney's Office - 239 W. Main Street, Suite 101 - Lancaster, OH 43130

STATE OF OHIO vs.	Name:	Case No.:
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VICTIM INFORMATION

PRIMARY VICTIM	Name:
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CHECK IF THE PRIMARY VICTIM IS: MYSELF MINOR DISABLED ELDERLY DECEASED

CONTACT PERSON	Name:
Mailing Address	Mailing Address:
	City: State: Zip Code:
	Email:
	Home () Other () Best time to reach: AM/PM

PREFERRED METHOD OF NOTIFICATIONS: MAIL EMAIL

Do you wish to REQUEST RESTITUTION in this case ?

YES NO

Restitution is the reimbursement by the defendant of out-of-pocket, crime-related expenses that are NOT covered by insurance or any other reimbursement programs. Insurance deductibles CAN be requested.

If you answered 'NO', please skip to signature line on the reverse side. >>

YES NO

Do you have expenses for a PERSONAL INJURY?

List type of injury(s):

YES NO

Did you seek MEDICAL TREATMENT for your injuries?

YES NO

Do you have PENDING MEDICAL APPOINTMENTS or MEDICAL BILLS you have not yet received?

OHIO VICTIMS OF CRIME COMPENSATION PROGRAM

You may be eligible for reimbursement of crime-related, out-of-pocket expenses, especially if you incurred medical bills, prescription costs, and travel expenses to medical and counseling appointments. Learn more at www.ohioattorneygeneral.gov/victimscompensation or by calling 1-800-582-2877. Your Victim Assistance Specialist can also help you understand the program and eligibility.

YES NO

Would you like more information about this program?

If you ALREADY HAVE A CLAIM , please provide the claim number: V _____	Amount Requesting: \$ _____
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Continue to Reverse Side >>

YES	<input type="checkbox"/>	Was your <u>PROPERTY STOLEN</u>?
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NO	<input type="checkbox"/>	List property stolen:
		Amount Requesting:
		\$

YES	<input type="checkbox"/>	Was your <u>PROPERTY RECOVERED</u>?
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NO	<input type="checkbox"/>	List property held as evidence:

YES	<input type="checkbox"/>	Was your <u>PROPERTY DAMAGED</u>?
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NO	<input type="checkbox"/>	List property damage:
		Amount Requesting:
		\$

YES	<input type="checkbox"/>	Have you made an <u>INSURANCE CLAIM</u>?	Amount of Deductible:
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NO	<input type="checkbox"/>	<i>Please complete the information below if you answered 'YES'.</i>	\$
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Insurance Co.	Phone:	Claim No.:
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Address:	Claim Rep.:
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YES	<input type="checkbox"/>	If you answered 'NO' above, do you plan to file a claim?
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NO	<input type="checkbox"/>	<i>**Please fill in insurance information above if you answered 'YES' to this question.**</i>
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OTHER OUT-OF-POCKET CRIME-RELATED EXPENSES

List other expenses NOT covered by insurance or any other reimbursement programs.

	Amount Requesting:
	\$

List items or amounts NOT included in your INSURANCE CLAIM for which you wish to request restitution.

	Amount Requesting:
	\$

TOTAL AMOUNT OF REQUEST

IMPORTANT: PLEASE ATTACH SUPPORTING DOCUMENTS & SEND THEM WITH THIS FORM

MAIL: The Fairfield County Prosecuting Attorney's Office 239 W. Main Street, Suite 101 Lancaster, OH 43130 FAX: 740-653-4708, Attention: Victim Assistance Specialist EMAIL: vicwit@fairfieldcountyohio.gov	\$
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By completing and returning this form, you are allowing this information to be shared with the necessary agencies during the pre-sentence investigation and during the offender's incarceration. Victim contact information will NOT be shared publicly or with the defendant.

SIGNATURE:	DATE:
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INTER-OFFICE USE ONLY	Choose Region No.: 1 - 2 - 3 - 4
___ VAS (original) ___ MATRIX (file, Court, Probation) ___ DRC/DYS REC'D ___ BY ___	