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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.:

## VICTIM INFORMATION

**PRIMARY VICTIM**

Name:

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](http://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:  
\$ \_\_\_\_\_

Continue to Reverse Side >>

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

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

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

YES	<input type="checkbox"/>	<b>Have you made an <u>INSURANCE CLAIM</u>?</b>	<b>Amount of Deductible:</b>
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NO	<input type="checkbox"/>	<i>Please complete the information below if you answered 'YES'.</i>	\$
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<b>Insurance Co.</b>	<b>Phone:</b>	<b>Claim No.:</b>
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<b>Address:</b>	<b>Claim Rep.:</b>
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YES	<input type="checkbox"/>	<b>If you answered 'NO' above, do you plan to file a claim?</b>
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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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<b>OTHER OUT-OF-POCKET CRIME-RELATED EXPENSES</b>
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List other expenses NOT covered by insurance or any other reimbursement programs.
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	<b>Amount Requesting:</b>
	\$

List items or amounts NOT included in your <u>INSURANCE CLAIM</u> for which you wish to request restitution.
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	<b>Amount Requesting:</b>
	\$

<b>TOTAL AMOUNT OF REQUEST</b>
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<b>IMPORTANT: PLEASE ATTACH SUPPORTING DOCUMENTS &amp; SEND THEM WITH THIS FORM</b>
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<b>MAIL:</b> The Fairfield County Prosecuting Attorney's Office 239 W. Main Street, Suite 101 Lancaster, OH 43130 <b>FAX:</b> 740-653-4708, Attention: Victim Assistance Specialist <b>EMAIL:</b> prosecutor@fairfieldcountyohio.gov	<b>\$</b>
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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. <b>Victim contact information will NOT be shared publicly or with the defendant.</b>
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<b>SIGNATURE:</b>	<b>DATE:</b>
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<b>INTER-OFFICE USE ONLY</b>	<b>Choose Region No.: 1 - 2 - 3</b>
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___ VAS (original) ___ MATRIX (file, Court, Probation) ___ DRC/DYS REC'D ___ BY ___
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