

RESTITUTION FORM

CASE: State of Iowa v. Defendant
CRIMINAL #:

Name _____

Address _____

Phone: _____

Restitution is a payment made by a defendant for some of the damages suffered by a victim. As a victim in this case, you may be entitled to receive restitution should the defendant plead or be found guilty. Please attach **copies** of any bills or estimates that can verify your losses. Being awarded restitution does not waive your right to take civil action against the defendant. Reporting your losses also does not in any way guarantee that restitution can or will be paid by the defendant. Please see the included brochure for more information or go to our website: siouxcounty.org. If additional space is needed, please use the back of the form.

Damages not covered are punitive damages, damages for pain, suffering, or mental anguish, loss of consortium, and damages paid for by insurance

Have you filed a claim with the Crime Victim Assistance Program? (CVAD)

Yes _____ No _____

MEDICAL/DENTAL/COUNSELING EXPENSES:

Description of injury	Expense	To whom paid	Insured? (yes/no)	Deductible	Insurance payment

PROPERTY STOLEN

Description of item	Value	Recovered? (yes/no)	Insured? (yes/no)	Deductible	Insurance payment

PROPERTY DAMAGED

Description of item	Cost to Repair/Replace	Insured? (yes/no)	Deductible	Insurance payment

OTHER LOSSES (such as lost wages, child care expenses during court appearances, etc.)

Description of loss	Amount of loss

Name of insurance company(ies) involved, if any, including your own health insurance, homeowners insurance, vehicle insurance, and insurance of other which has, or may pay you:

I certify that the above information is accurate and understand that it will be used by the Iowa District Court to determine the restitution owed to me by the defendant. I realize that I may be required to present proof of the above monetary losses.

Signature: _____ Date: _____

Printed Name: _____

PLEASE RETURN IMMEDIATELY IN THE ENCLOSED ENVELOPE.