

# CRIME VICTIM RESTITUTION REQUEST

RETURN TO: Walworth County Sheriff's Office  
 1770 County Road NN  
 Elkhorn, WI, 53121-1004

PLEASE RETURN BY:

**IF WE DO NOT RECEIVE YOUR RESTITUTION REQUEST BEFORE THE ABOVE DATE, NO REQUEST FOR RESTITUTION WILL BE MADE ON YOUR BEHALF AS A PART OF THIS CASE.** You would then need to pursue civil collection with your own attorney if you wish to collect any money from the defendant or juvenile. If you want to claim restitution, but you need more time, please contact us before the above date.

Defendant(s) and/or Juvenile(s)

Case Number(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of the crime: \_\_\_\_\_

**IF YOU WISH TO CLAIM RESTITUTION, PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION, SIGN THE FORM ON THE BACK AND RETURN IT.**

Description of Claim: Please list each item of your claim separately; such as: stolen items, replacement or cost to repair damaged items, medical and/or counseling bills, mileage, lost wages, etc. **Please note, if the offender is a juvenile you CAN NOT claim lost wages or mileage. Pain and suffering may NOT be claimed in juvenile or adult cases.** Please attach any documentation you have to support your claim (ie: bills, receipts, estimates).

ITEM	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
(Use additional sheets if necessary)	Total Claimed \$ _____

**IF YOUR CLAIM INVOLVES MEDICAL OR COUNSELING BILLS, IS YOUR TREATMENT FINISHED OR IS IT ONGOING?**

- Finished and I have received all the bills                       Finished but I am waiting to receive all the bills
- Treatment is ongoing (if treatment is ongoing, please attach an estimate from the person or place providing that treatment showing the total estimated cost of treatment)

**PLEASE CONTINUE ON THE BACK PAGE OF THIS FORM**

PLEASE COMPLETE THIS SECTION IF YOU WOULD LIKE US TO SEND ALL, OR PART, OF THE RESTITUTION TO YOUR INSURANCE COMPANY:

\$ \_\_\_\_\_

AMOUNT DUE INSURANCE COMPANY

\$ \_\_\_\_\_

AMOUNT DUE VICTIM

INSURANCE COMPANY INFORMATION

Name of Insurance Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Claim/Policy Number: \_\_\_\_\_

NOTE: The District Attorney's Office will provide status information to victims only. If your insurance company has paid you anything and wants information about the case they must either get that information from you or review public records in the Clerk of Court's Office. District Attorney's records are not open to the public. No status information is available to insurance companies through the District Attorney's Office.

**Status information to victims or insurance companies on unsolved cases may be obtained from the Walworth County Sheriff's Office.**

Have you received any money directly from the defendant or from the defendant's insurance company?

Yes

No

If your claim has anything to do with stolen property, do you know if the police have recovered your property?

Yes, it has all been recovered

No

Yes, but not all the items have been recovered

I don't know

If your property was recovered, has it been returned to your insurance company?

Yes

No

I don't know

IF YOU DO NOT WISH TO CLAIM ANY RESTITUTION, PLEASE CHECK THIS BOX

THE INFORMATION COMPLETED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Date

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_