

# RESTITUTION INFORMATION

Help us to get full restitution for you by completing and returning this form to our office within 10 days. A guide outlining possible expenses is on the backside of this form. Please include copies of medical/dental bills, insurance payments, estimates for stolen or damaged property, counseling bills, proof of loss of wages if available to:

Washtenaw County Prosecutor's Office  
Victim / Witness Services  
200 N. Main St., P.O. Box 8645  
Ann Arbor, MI 48107

Please call (734) 222-6650 with any questions.

Name of Victim: \_\_\_\_\_ Docket # \_\_\_\_\_

People of the State of Michigan v \_\_\_\_\_

1. What was the value of the total loss / damage injury / counseling or treatment? \$ \_\_\_\_\_
2. Was there any coverage from insurance or any other source? If so, please list amount. \$ \_\_\_\_\_
3. How much was your out of pocket loss? \$ \_\_\_\_\_
4. Do you anticipate any additional expenses?  Yes  
 No
5. Insurance: If you have filed or intend to file a claim with your insurance company, please complete the following information. Please use additional pages and attach if necessary.

Insurance Company Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Deductible Amount: \_\_\_\_\_ Claim Number: \_\_\_\_\_

6. Have you applied for Crime Victim Compensation benefits?  Yes  
 No
  - If you received compensation as a result of your claim, please list the amount.  
\$ \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

If you are completing this statement for a victim who is unable to fill it out, please complete the following:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Victim

**PLEASE REPORT ANY CHANGE OF ADDRESS TO OUR OFFICE.**

**Please see next page for examples of Restitution Claims**

The following is a guide to assist you in completing your restitution request. Some of these expenses may not apply to your situation. These examples are not a comprehensive list, only a guide.

Examples of expenses that may be returned through restitution	Examples of expenses <b>not</b> covered through restitution
<ul style="list-style-type: none"> <li>▪ Medical / Dental Expenses actually incurred and reasonably expected to be incurred</li> <li>▪ Medication Costs</li> <li>▪ Physical Therapy, Occupational Therapy, Rehabilitation actually incurred and reasonably expected to be incurred</li> <li>▪ Ambulance Services</li> <li>▪ Psychological Treatment</li> <li>▪ Funeral expenses</li> <li>▪ The cost of a lost tax deduction due to a dependant’s death (if deceased victim could be claimed as a dependant by the parent(s) or guardian</li> <li>▪ The value of the property on the date of the damage, loss or destruction or the value on the date of the sentencing</li> <li>▪ Cost of Repairs to Property</li> <li>▪ Loss Wages of the crime victim</li> <li>▪ Cost of Homemaking and Child Care Costs actually incurred and reasonably expected to be incurred as a result of the crime</li> </ul>	<ul style="list-style-type: none"> <li>▪ Payment for physical pain, distress or suffering.</li> <li>▪ Any non-economic damages</li> <li>▪ Lost wages for a family member of a victim</li> </ul>

**Examples of documentation that may be needed:** medical/dental bills, physical and occupational therapy bills, bills for ambulance service, medication receipts, receipts of insurance payments, letters from employer to document lost wages, estimates for stolen or damaged property, counseling bills.

**In some cases,** it may be necessary to provide medical records or submit a medical release form in order to obtain necessary documentation.