

Restitution Form

RE: *State of Ohio vs.*

Case No.

-CRI-

Restitution in the criminal justice system means payment by an offender to the victim (via the Clerk of Courts) for the harm caused by the offender's wrongful acts. When ordered by the Court, restitution can cover certain out-of-pocket losses directly related to the crime.

****Restitution will not cover pain and suffering or emotional distress.****

If you wish to submit a claim for restitution, this form must be submitted within 14 days to:

Christopher R. Tunnell, Prosecuting Attorney
Ashland County Prosecutor's Office
110 Cottage Street, Third Floor Ashland, OH 44805
419-289-8857 victimservices@ashlandcounty.org

Be specific as to the items lost or damages suffered. Attach copies of all receipts, bills, and repair/replacement cost estimates. The information listed below should be for your direct out of pocket expenses only. Use additional paper as necessary.

Out of Pocket Expenses (Not covered by insurance): Please list each item and the amount being claimed. REMEMBER TO ATTACH DOCUMENTATION. Failure to include documentation or failure to include a TOTAL AMOUNT of restitution requested could result in no restitution ordered or a restitution hearing could be scheduled WHERE YOU WILL HAVE TO APPEAR and GIVE TESTIMONY.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Insurance Expenses: (Attach appropriate documentation)

Did you file an insurance claim for this incident? Yes or No

If yes, what was your deductible? \$ _____

REQUIRED—TOTAL AMOUNT REQUESTED \$ _____

**** You must inform us of your TOTAL AMOUNT REQUESTED. If you do not give a total, this could result in No Restitution being ordered or a restitution hearing being scheduled.**

Victim Name (Print): _____ Phone Number: _____

Address: _____

Victim Signature: _____ Date: _____

If not completed by the victim, please indicate your relationship to the victim.