Restitution Claim Form

Case: State of ND vs.

Criminal Case #:	
Charge:	
Please fill in for Restitution Purposes:	
By Statute under Chapter 12.1-32 of the North Dakota Century Code.	
What is Reimbursable and Restitution that can be included in a CRIMINAL Judgment?	
- Restitution: Damage or loss caused directly or indirectly by the defendant's offer Expenses directly related to criminal incident in which defendant was charged, found or pl Restitution may be ordered by the Judge to cover expenses incurred by victim.	
-items directly related to medical care(prescriptions, medical supplies, hospital statherapy(physical/occupational), counseling, medical supplies, wheelchair, crutches, etc) court order cannot order restitution for physical pain, suffering, emotional trauma or finar compensation.)	(A criminal
-Court considers factors in determining restitution. If the amount of restitution is hearing will be held and witnesses can/will testify to bills directly related to criminal incide	
(*Please make copies of any Documentation for processing restitution claim)
1. Did you receive compensation if any from <u>defendant's Auto Insurance</u> ?	
If so, Amount \$	
Claim #:	
Agency:	
Phone:	

2. Victim Auto Insurance	:		
Agency:			
Agent:			Email:
Claim #:			_
Amount Paid out and (rig	thts to restitution	amount):	
(If Personal Injury Protecto as "No fault")	tion (P.I.P claim) r	eceived from	n insurance are non-reimbursable – also referred
3. Victim Health Insurance	e:		
Name of Insured:			
Agency:			
Representative:			:
Email:			
Claim #:			_
4. North Dakota Crime V Applied on:	•	tion:	
Are you approved	YES	NO	UNSURE
Claim#·			

5. OTHER Sources of Medical Balances (that may not run through insurance or that have gone through insurance which are still subject to payment): (Please use other sheets to provide source address/phone/contact source/account# if more to list than provided)
Source:
Address:
Phone:
Contact Source:
Account:
Source:
Address:
Phone:
Contact Source:
Account:
Restitution claim MUST INCLUDE Copies of receipts for O ut o f P ocket (OTP expenses), medical billing, and insurance claims. This also INCLUDES ACCURATE accounting of who paid for what (ex. Victim(self) pay, personal auto insurance, defendant's insurance, health insurance, defendant, etc)
-Failure to submit all/proper sources bills may result in claim not being considered. Restitution cannot be added for something that our office is not made aware of. It is IMPORTANT and REQUIRED to attach all copies of receipts/and or supporting proof verifying the claim of the costs listed.
-When the court reserves right for sentencing, the amount of bills that our office has at that point will/can be considered for restitution.
Document Length of stay at hospital or any recovery facility (if more space is needed, please include on

additional paper):

I declare under penalty of law that the above information is true, correct and to the best of my			
knowledge.			
DATE:	Signature of Victim:		