

# Ward County State's Attorney's Office

315 3<sup>rd</sup> St. SE  
P.O. Box 5005  
Minot, ND 58702-5005  
701-857-6480  
(Fax) 701-857-6450  
Email: 51wardsa@wardnd.com

## **RESTITUTION CLAIM FORM**

### What is Restitution?

Restitution: Damages or losses caused directly or indirectly by the defendant(s) offense(s); and expenses directly related to a criminal incident in which defendant was charged, found or plead guilty to. Restitution may be ordered by the Judge to *reimburse* expenses incurred by victim(s).

Please know the Criminal Court cannot order restitution for physical pain, suffering, or emotional distress or trauma.

### How can I request Restitution?

Please review, complete, and submit the applicable information on the following page(s) by fax, email, or hand delivering to the address above.

Your restitution request **MUST INCLUDE**:

- Copies of receipts to show out of pocket expenses.
- Supporting documentation (estimates, invoices, internet print outs with monetary amounts) showing medical and/or mental health expenses, or value(s) of lost, stolen, or damaged property.
- Claim information from your health, auto, property, or homeowner's insurance company if a claim has been made.
- Accurate accounting of who paid for what (self-pay, auto insurance, defendant's insurance, Crime Victims Compensation, financial institution, etc.) **AS WELL AS** an address(es) for where restitution payment(s) should be sent.
- **TOTAL** amount of restitution being requested. Again, this amount must be substantiated with supporting documentation.

\*Failure to submit complete and accurate documentation may result in your 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.

Furthermore, it is important to gather and submit your request to our office **AS SOON AS YOU CAN**. If/When the defendant chooses to plead guilty or is found guilty, the amount of bills that our office has at that point will/can be considered for restitution. The defendant can plead guilty at any time during the criminal court process.

### What happens next?

After all documentation for restitution has been received, it will be shared with the defendant/defendant's attorney. The defendant has the right to contest the amount of restitution being requested. If this happens, a Restitution Hearing will be scheduled and witnesses will testify to the amount(s). If the amount is agreed upon by the defendant and the State it can be included with the defendant's Criminal Judgment which will be sent to you following the resolution of the case.

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## RESTITUTION CLAIM FORM

Please type or print in ink.

County: Ward	File Number:
Defendant:	Offense Charged:

**YOUR DEADLINE FOR SUBMITTING RESTITUTION:** \_\_\_\_\_

If you would like the court to consider restitution, please use this portion of the form to list any expenses you have had or paid as a direct result of this crime. Some of the sections may or may not apply to you. **Attach copies of bills, receipts, estimates of value, replacement costs, or supporting documentation verifying the claim of the costs listed below.** Please attach additional pages as necessary.

1. List any medical expenses: (hospital stays, doctor bills, medication, counseling/therapy, rehabilitative services, medical supplies, etc.) Please provide insurance info on the back. VALUE

	\$
	\$
	\$
	\$
	\$

2. List damaged, destroyed, or stolen property. Please provide insurance info on the back. VALUE

	\$
	\$
	\$
	\$
	\$

3. List any other expenses incurred as a direct result of the crime: (such as lost wages, transportation, funeral expenses, etc.) Please provide insurance info on the back. VALUE

	\$
	\$
	\$
	\$
	\$

**TOTAL REQUEST FOR RESTITUTION: \$** \_\_\_\_\_

**Please indicate where restitution payments should be sent:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Insurance:**

Name of Company: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**CLAIM #:** \_\_\_\_\_

Deductible Paid: \_\_\_\_\_

Amount Received: \_\_\_\_\_

**Property, Auto or Homeowners Insurance:**

Name of Company: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**CLAIM #:** \_\_\_\_\_

Deductible Paid: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Did you receive compensation or has the claim process started with the *defendant's insurance*?  Yes  No

Name of Company: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**CLAIM #:** \_\_\_\_\_

Deductible Paid: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Did you applied for or received reimbursement through ND Crime Victim's Compensation (ND CVC)?

Yes

Has your claim been accepted?  Yes  No

If yes, please list your claim # \_\_\_\_\_

and amount received \$ \_\_\_\_\_.

No: ND CVC can assist with reasonable medical, and mental health treatment and prescribed medication, wage loss, replacement services loss (expenses incurred for services the claimant would normally have performed), funeral expenses, and dependent's economic loss (loss of deceased's wages).

If you have not received any CVC information and would like to, please contact the Ward County State's Attorney's Office (701)857-6480.

Do NOT sign below until you are in front of a Notary. This service can be done at the Ward County State's Attorney's Office.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

State of NORTH DAKOTA

County of \_\_\_\_\_

Subscribed and Sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
Notary Public