

**VICTIM RESTITUTION INFORMATION**  
(Confidential – For Use Only by the Court)

The purpose of this form is to provide confidential victim information to the Court to enable restitution payments to be made to the victims. Do **NOT** serve this form on the defendant or defendant’s attorney.

1. The prosecutor must file this form with a proposed restitution judgment. The court will not accept a proposed judgment without this form.
2. If a restitution judgment has already been entered, the prosecutor must submit this form within 30 days.
3. If no district attorney participated in the case, the clerk must complete this form and forward it to the Fiscal Operations Restitution Unit with a copy of the restitution order/judgment.

**Clerk’s Instructions:** Immediately email this form to the Restitution Unit at [restitution@akcourts.us](mailto:restitution@akcourts.us). Destroy this document after emailing it.

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Original Victim Restitution Information       Modification of Prior Victim Restitution Information Dated \_\_\_\_\_.

Case Name: State of Alaska/City v. \_\_\_\_\_

Case Number: \_\_\_\_\_ CR

Co-defendants and their case numbers: \_\_\_\_\_

Total Restitution Due In This Case \$ \_\_\_\_\_

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**Victim A:** Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_ Claim/Acct Number\*: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Prosecutor’s Reference Number: \_\_\_\_\_

**Victim B:** Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_ Claim/Acct Number\*: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Prosecutor’s Reference Number: \_\_\_\_\_

**Victim C:** Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_ Claim/Acct Number\*: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Prosecutor’s Reference Number: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Print or Type Name