

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. Destroy this document after emailing it.

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 \$ _____

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

*Include any claim or account number for insurance companies, banks, pawnshops, etc., if known.

**VICTIM RESTITUTION INFORMATION
(CONTINUATION SHEET)**

CASE NUMBER: _____ CR

Victim D: Name _____ Amount \$ _____
Date of Birth: _____ SS# _____ Claim/Acct Number*: _____
Mailing Address: _____
Phone Number: _____ E-Mail Address: _____
Prosecutor's Reference Number: _____

Victim E: Name _____ Amount \$ _____
Date of Birth: _____ SS# _____ Claim/Acct Number*: _____
Mailing Address: _____
Phone Number: _____ E-Mail Address: _____
Prosecutor's Reference Number: _____

Victim F: Name _____ Amount \$ _____
Date of Birth: _____ SS# _____ Claim/Acct Number*: _____
Mailing Address: _____
Phone Number: _____ E-Mail Address: _____
Prosecutor's Reference Number: _____

Victim G: Name _____ Amount \$ _____
Date of Birth: _____ SS# _____ Claim/Acct Number*: _____
Mailing Address: _____
Phone Number: _____ E-Mail Address: _____
Prosecutor's Reference Number: _____

Victim H: Name _____ Amount \$ _____
Date of Birth: _____ SS# _____ Claim/Acct Number*: _____
Mailing Address: _____
Phone Number: _____ E-Mail Address: _____
Prosecutor's Reference Number: _____

Victim I: Name _____ Amount \$ _____
Date of Birth: _____ SS# _____ Claim/Acct Number*: _____
Mailing Address: _____
Phone Number: _____ E-Mail Address: _____
Prosecutor's Reference Number: _____

Victim J: Name _____ Amount \$ _____
Date of Birth: _____ SS# _____ Claim/Acct Number*: _____
Mailing Address: _____
Phone Number: _____ E-Mail Address: _____
Prosecutor's Reference Number: _____