

Police report # _____

Victim's Name _____

Phone (home) _____

Address _____

(cell) _____

(work) _____

I DO _____ DO NOT _____ WISH TO PURSUE RESTITUTION.

Please list stolen or damaged property, or type of injuries you may have sustained. You must include bills, receipts or estimates for damages from and outside sources. If a receipt is not available, a printout from the internet of the item (or similar) is acceptable. Attach additional paper/ documents as needed.

*** FAILURE TO RETURN THIS FORM MAY RESULT IN NO RESTITUTION BEING ORDERED.**

Description of Loss/ Damage

Amount

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Insurance Carrier: _____ **Phone** _____ **Deductible \$** _____

Medical Injury/ Treatment

Amount

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Insurance Carrier: _____ **Phone** _____ **Deductible \$** _____

TOTAL AMOUNT OF RESTITUTION BEING REQUESTED \$ _____

Submit this form with all attached bills, receipts or estimates via email, fax, or mail (return envelope enclosed):

ROBERT W DEPKE JUVENILE JUSTICE COMPLEX
Attn: Victims Assistance Restitution Program
24674 N Milwaukee Avenue
Vernon Hills, IL 60061 - 1576

Contact:
847-377-7875—office
847- 984-5784—fax
VARP@lakecountyil.gov

This form is also available on website: <https://19thcircuitcourt.state.il.us/1223/10575/Victim-Assistance>