

DELINQUENCY 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 minor, the minor’s attorney, or the minor’s parent/guardian.

1. The prosecutor or the Department of Health and Social Services 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 or the Department of Health and Social Services must submit this form within 30 days.

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: _____

Case Number: _____

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.