

REQUEST FOR RESTITUTION

Name of victim: _____

Police File #: _____

Address: _____

Telephone #: (home) _____ (work/cell) _____

Name of Accused: _____

Date of Incident: _____

Type of Incident: _____

Location of Incident: _____

(Eg. physical assault, robbery, property offence)

(Civic address if known)

It is important that you give this completed form and supporting documents to police as soon as possible after the incident. Failure to do so may result in your request not being considered by the court. Please send any additional information directly to the Crown office.

I request that the court consider restitution in relation to the above incident (check as many boxes as apply):

For damage or loss to property (not to exceed replacement value);

Description of Item	Cost of repair or replacement
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total: \$ _____

For expenses resulting from physical injury (may include loss of income or support);

Description of Expense	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total: \$ _____

For expenses as a result of moving out of the offender's household and for temporary housing, food, child care and transportation (may be claimed by a spouse, child or other person who was a member of the offender's household);

Description of Expense	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total: \$ _____

For money lost by unknowingly purchasing stolen property or lending money on stolen property, and the property was returned to its rightful owner;

Description of Stolen Property	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total: \$ _____

The court must be able to easily determine the amount of your financial loss or property damage resulting from the incident. You are responsible for providing all necessary information (eg. bills, receipts, letters from employers, estimates) to support your restitution request. Please complete this form, attach photocopies of all supporting documents that are available at this time and forward them to police as soon as possible.

If you do not currently have all of the required information and will be forwarding additional information to the Crown office at a later date, please place a checkmark (T) here _____.

Signature of Applicant: _____ Date: _____