Horicon Police Department

Restitution Request Form

Name: (First) (MI) (Last)	**Date Of Birth:**	**Court Use Only**
Street Address:		Court #:
City, State, Zip:	**Phone #:** **Email:**	

If you believe that you were the victim of an unlawful act which resulted in your having suffered property damage, property loss, or personal injury **AND** someone was cited for a qualifying offense, complete this form and provide it to the Horicon Municipal Court by: (Date) _____

Horicon Municipal Court
220 Ellison Street
Horicon, WI 53032

Citation #: _____

Officer: _____

Amount of Restitution you are requesting: $ _____.

The above figure represents the following property damage or loss, medical bills, or lost wages that I have sustained because of the unlawful act. (DO NOT INCLUDE AMOUNTS PAID BY INSURANCE.) Please list each item and the amount you are claiming. If you need additional space, feel free to continue on the other side or attach a separate sheet of paper.

1		$
2		$
3		$
4		$
5		$

Important - Attach copies of bills, receipts, estimates, proof of lost wages from your employer, or any documents that explain how you arrived at the above figures. If you are attaching estimates for repair work, please indicate if work was completed and what the final cost was. Not attaching the necessary paperwork could delay or cause your request to be denied.

Insurance - Do you have insurance covering any of the above amounts? ☐ Yes ☐ No. If yes, attach a separate piece of paper with your insurance company's name, address, claim adjuster's telephone number, policy number, claim number and the amount covered.

I certify that the above information, to the best of my knowledge and belief, is correct and represents actual and reasonable expenses I have incurred and that I have not been reimbursed for.

Signature: X_____ Date: _____ Time: _____ AM / PM