

Please attach copies of ALL bills, receipts and/or estimates for the above-listed items. Copies of bills, receipts and qualified estimates are required to support a claim for restitution in Court. Failure to attach copies may jeopardize your claim for restitution. Please attach separate sheet(s) if you do not have sufficient space in the boxes provided.

If you have any questions, please call the Madison County State’s Attorney’s Office at (618) 296-5361 and ask for Desi Jellen with Victim’s Assistance. Thank you.

SECTION 4– Insurance Coverage (if any)

If any of your personal or property losses were covered by insurance, please list below:

Type of Expense	Name of insurance company	Total dollar amount of bills submitted to insurance	Total amount Paid or Due to you from insurance
Medical Bills			
Property Damage			
Estimates or bills for replacement of un-recovered stolen property			

SECTION 5 – Certification and Releases

Certification of Application: I hereby certify, subject to the penalties of perjury, that all of the information that I have provided herein is true, accurate and complete to the best of my knowledge.

Release of Information: I hereby authorize any hospital, physician, mental health provider, municipal, county or state authority, insurance company or any other individual, company or agency to release any and all information requested by the Madison County State’s Attorney’s Office in connection to this request for restitution.

Signature Date Signed

NOTE: This form must be signed and returned within **15 days** after date of receipt to ensure that you will be informed of significant developments in the case and that your claim for restitution will be submitted to the Court in a timely fashion. Thank you for your courtesy and cooperation.

Please return completed form to the Victim Advocacy Division of the Office of Madison County State’s Attorney William A. Mudge, 157 N. Main Street, Suite 402, Edwardsville, IL 62025