

**REQUEST FOR RESTITUTION**  
**EDGERTON JOINT MUNICIPAL COURT**

Date of Incident: \_\_\_\_\_ Police File # \_\_\_\_\_

Victim Name: \_\_\_\_\_

Person Representing – (if victim is business): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Request restitution from: \_\_\_\_\_

in the amount of: \$ \_\_\_\_\_ for \_\_\_\_\_

**(attach copies of receipts or other documentation you would like to be considered)**

(if worthless check – indicate check #, amount of check, and amount of fees)

(use back of form if more space is needed)

Is the loss covered by insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the name and address of your insurance company:

\_\_\_\_\_

Have you been paid any money for this loss by insurance or any other source?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how much have you been paid by and by whom? \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUBMIT THIS FORM **WITHIN 20 DAYS\*** TO:

Edgerton Joint Municipal Court

12 Albion St.

Edgerton, WI 53534

\*Note: if you have damage but do not know all of the costs at this time, still file this form. Supplemental information, such as estimates for repair can be submitted at a later time. It is best that the court be informed of any request for restitution at the defendant's initial court appearance. Also, please be aware that a hearing may be necessary. If your appearance is required, you will receive notice from the court or the prosecuting attorney.

Questions can be directed to the Clerk of Court at 608-884-2671 ext. 208 or  
[clerkofcourts@edgerton.wi.gov](mailto:clerkofcourts@edgerton.wi.gov)