

City Of Steamboat Springs Municipal Court Restitution Form

Police Section:

Defendant: _____

Charges: _____

Police Case #: P _____

Citation #: M _____

Return This Form within 60 days from the date of the incident to:

City of Steamboat Springs Municipal Court Prosecutor

124 10th Street, Steamboat Springs CO 80477 or

Email: Municourt@steamboatsprings.net

Failure to submit a restitution request to the court may impact your right to seek restitution in municipal court. Restitution will be made through the court and disbursed accordingly. It is your responsibility to keep the court informed as to your current mailing address.

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

The following sections must be filled out completely. Please be advised that information stated on this form is not confidential or privileged and will be distributed to the City Attorney's Office and the Defendant.

Read This Section Carefully

All losses must be documented, or restitution will not be ordered. You must verify all losses with receipts, estimates, and/or bills when applicable, and Explanation of Benefits (EOB) from insurance. Please note that pain, suffering, or loss of enjoyment cannot be claimed as restitution. Any claim for lost wages must have an employer's verification as to the time lost and employee's income. If there is a problem with obtaining documentation, please contact the City Prosecutor.

Victim Questionnaire

I would like to be reimbursed: enter yes or no (if no, do not complete the rest of this form, just return it to the court) _____

Indicate the type of loss you sustained: (circle one)

- Property Damage
- Physical Injuries/Medical Costs
- Other
- None

Were these losses covered by insurance? Yes, no or partially _____

- Insurance Company _____
- Policy/Claim # _____
- Agent: _____
- Phone # _____

Has anyone, other than you, paid for any expenses related to this case? If so, who:

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

To date, how much have you paid out of pocket? _____

Do you expect future medical bills or expenses? Yes or No

Describe the losses/damages you sustained as a result of the incident as well as the nature/extent of any injuries (you may attach additional pages as necessary)

Attach Supporting Documents with submission (Medical Bills, Invoices, Receipts, Cancelled Checks, EOBs)

I understand that failure to provide adequate supporting documentation and/or failure to personally appear at a restitution hearing will result in a waiver of my right to seek criminal restitution in the Steamboat Springs Municipal Court. I also understand that submitting this form does not guarantee restitution.

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the (day)_____ of (month)_____, (year) _____

(city, state or country)_____

Victim Printed Name:_____

Victim Signature: _____

For Court Use Only:

Date Received by Court: _____