
I was reimbursed for my losses by (Check one):

- Insurance Company
- Defendant
- Crime Victim's Fund

I declare that all of my statements above are true and accurate.

Signature

Date

Address (Mailing address to receive any restitution collected):

Telephone#:

Return this form to: 50th District Court Probation Department
70 N. Saginaw
Pontiac, Michigan 48342
Phone# 248-758-3805
Fax# 248-451-2696
Email: rreed@pontiac.mi.us or lvandekerckhove@pontiac.mi.us