



## CRIME VICTIM RESTITUTION AMOUNT SUMMARY FORM

*This form is not intended to be filed with the court.*

Victims of a criminal offense have a constitutional right to receive full restitution from the person who committed the criminal offense or delinquent act against them.<sup>i</sup> Victims may choose to seek restitution, but do not have to. Restitution may be awarded to the victim's estate if the victim is deceased. This form is designed to assist you in gathering information to present at a restitution hearing after the offender has been found guilty or adjudicated delinquent. Restitution does not necessarily cover every loss suffered by the victim. The victim retains the ability to seek damages from the offender in a civil action if necessary.

### WHAT IS RESTITUTION?

Restitution is compensation for "economic loss" due to the criminal offense. Victims can be reimbursed for "economic loss" they had or will have because of the crime, including but not limited to:

- Full or partial payment for the value of stolen or damaged property (the replacement cost of the property or the actual cost of repairing the property if repairs are possible);
- Medical expenses;
- Mental health counseling expenses;
- Wages or profits lost due to injury or harm, including lost commission income and base wages; and
- Expenses related to making a vehicle or residence accessible if the victim is permanently disabled as a result of the offense.<sup>ii</sup>

### HOW DO I REQUEST RESTITUTION?

To receive restitution, you, your victim's representative, or your attorney should let the prosecutor assigned to your case know that you are requesting restitution. This request may be made any time before the defendant is sentenced or the court approves a plea agreement. Make sure the court has enough time to schedule a restitution hearing if one is necessary.

### HOW IS THE AMOUNT OF RESTITUTION DETERMINED?

The court will determine how much the offender pays in restitution. A hearing may be held where you, your victim's representative, your attorney, if applicable, and the prosecutor provide information to show the amount of economic losses you have or will suffer. The court cannot give you more than your economic loss from the criminal offense, so the court will ask if you have received any insurance or governmental assistance. This amount will be subtracted from the court's restitution order. The offender may also provide information.<sup>iii</sup>

### WHAT DO I NEED IN ORDER TO SHOW MY LOSSES?

You, your victim's representative, your attorney, or the survivor of the victim should keep records of all expenses that have been or will be incurred because of the crime to show the amount of your loss (documentation such as invoices, receipts, medical bills, etc.) This documentation is used by the court to determine the amount of restitution the offender is ordered to pay.



### **WHAT IF YOU OR THE OFFENDER DISAGREE WITH THE RESTITUTION AMOUNT?**

You, your victim's representative, your attorney, the survivor of the victim, or the offender may dispute the amount of restitution ordered by the court. The court will then conduct a hearing to discuss the restitution amount and provide you with the opportunity to show why you disagree with the court's determination. You or your victim's representative may be asked to testify at the court hearing.<sup>iv</sup>

### **WHAT HAPPENS IF THE OFFENDER DOES NOT PAY?**

The court ordering the restitution retains the authority to enforce the order until the amount is fully paid. If the offender is a juvenile, the juvenile court will enforce the order until the offender turns 21 years old. After that, the restitution order turns into a civil judgment and can be enforced by the county or municipal court where the offender or victim resides.

### **DOES THE RESTITUTION ORDER EXPIRE?**

No. The offender's obligation to pay restitution lasts until the amount is fully paid<sup>v</sup>, and the amount of restitution, once ordered, cannot be reduced or suspended if you or your attorney objects.<sup>vi</sup> If you request it, the court may allow you to accept a settlement amount that is less than the full restitution order, if the court determines that you were not coerced to agree to the lower amount.

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<sup>i</sup> Ohio Constitution Article I, Section 10a(A)(7)

<sup>ii</sup> R.C. 2152.203(B) and R.C. 2929.281(A)

<sup>iii</sup> R.C. 2152.20(A)(3) and R.C. 2929.28(A)(1)

<sup>iv</sup> R.C. 2152.20(A)(3) and R.C. 2929.28(A)(1)

<sup>v</sup> R.C. 2152.203(F) and R.C. 2929.18(A)(1)

<sup>vi</sup> R.C. 2152.203(E) and R.C. 2929.281(D)



## HOW TO USE THIS FORM

This form is intended to assist you or a victim's estate with gathering information necessary for determining the economic losses suffered for purposes of calculating restitution. You will be responsible for providing documentation verifying the amounts listed on this form.

**This form should be given to the prosecutor assigned to your case or your attorney along with the necessary supporting documentation. Be sure to keep copies of your documentation for yourself.**

### SECTION 1: VICTIM INFORMATION

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Victim's Name: \_\_\_\_\_ Case number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

*If a VICTIM'S REPRESENTATIVE has been designated, please provide their name and contact information.*

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

*If the victim has an ATTORNEY, please provide their name and contact information.*

Name: \_\_\_\_\_ Company name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_



**SECTION 2: STOLEN OR DAMAGED PROPERTY AS A RESULT OF THE CRIMINAL OFFENSE**

The following property was stolen or damaged: \_\_\_\_\_

The property can be repaired.

Item(s) to be repaired: \_\_\_\_\_

\_\_\_\_\_

Cost of repairs: \_\_\_\_\_

Date(s) repairs were made: \_\_\_\_\_

The property must be replaced.

Item(s) to be replaced: \_\_\_\_\_

\_\_\_\_\_

Cost of replacement: \_\_\_\_\_

Date(s) replacement received: \_\_\_\_\_



**Make sure to have supporting documentation for these expenses.**

**RECOMMENDED DOCUMENTATION:** *You should provide receipts or other documentation that shows the amount paid for repairs, the date the item(s) was repaired, and who performed the repairs. For property that is replaced, provide invoices or receipts for the purchase of the new item(s). These are expenses that are not covered by any auto, homeowner, commercial property, or any other type of insurance or government program.*

**SECTION 3: MEDICAL EXPENSES AS A RESULT OF THE CRIMINAL OFFENSE**

I have incurred the following medical expenses not covered by my insurance or government program:

Hospital-related expenses: \$ \_\_\_\_\_

Doctor's office visits: \$ \_\_\_\_\_

Medical equipment expenses: \$ \_\_\_\_\_

Physical therapy costs: \$ \_\_\_\_\_

Eyeglasses or Hearing aids: \$ \_\_\_\_\_

Prescription medicine: \$ \_\_\_\_\_

Other expenses (*specify*) \_\_\_\_\_ \$ \_\_\_\_\_



**Make sure to have supporting documentation for these expenses.**



**RECOMMENDED DOCUMENTATION:** You should provide receipts or other documentation showing the amount paid for hospital bills, doctor visit co-pays, medical or laboratory tests, medical equipment, physical therapy, prescription medicine, and other medically related expenses that are not covered by your health insurance or a government assistance program. You should also document dates of hospital stay and medical appointments. You may also need to show documentation of insurance coverage.

#### SECTION 4: MENTAL HEALTH COUNSELING AS A RESULT OF THE CRIMINAL OFFENSE

I have incurred the following mental health counseling expenses not covered by my insurance or government program:

- Therapist's office visits: \$ \_\_\_\_\_  Prescription medicine: \$ \_\_\_\_\_
- Other expenses (*specify*) \_\_\_\_\_ \$ \_\_\_\_\_



**Make sure to have supporting documentation for these expenses.**

**RECOMMENDED DOCUMENTATION:** You should provide receipts or other documentation showing the amount paid for mental health counseling, such as therapist office visit co-pays, prescription medicine, and other related expenses that are not covered by your health insurance or a government assistance program. You should also document dates of counseling appointments. You may also need to show documentation of insurance coverage.

#### SECTION 5: LOST WAGES, PROFITS, COMMISSION AS A RESULT OF THE CRIMINAL OFFENSE

I have experienced a loss of income in wages, profits, or commission.\*

- I lost wages.  
Amount of lost wages: \_\_\_\_\_  
Date(s) unable to work: \_\_\_\_\_
- I returned to work on \_\_\_\_\_
- I will be returning to work on \_\_\_\_\_
- I will be unable to return to work.

- I lost profit.  
Amount of profit lost: \_\_\_\_\_  
Date(s) losses occurred: \_\_\_\_\_
- I lost commission.  
Amount of lost commission: \_\_\_\_\_  
Date(s) of lost commission: \_\_\_\_\_



The doctor certifying time off work was: \_\_\_\_\_ Doctor's phone number: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Did you receive (check all that apply):  Disability  Worker's Compensation  Union/fraternal plan benefits  
 Food stamps/cash grant  Crime Victim's Compensation  Other (specify) \_\_\_\_\_



**Make sure to have supporting documentation for these expenses.**

**RECOMMENDED DOCUMENTATION:** You should provide employer contact information, paycheck stubs, Internal Revenue Service W-2 forms, financial statements, tax returns, or other documentation showing the amount of income earned. You should also provide records of any money or reimbursement received as replacement income for your inability to work. For lost commission, documentation of income earned from the twelve-month period prior to the offense date is required. \*You are not entitled to lost wages for time voluntarily attending criminal court proceedings. [State v. Yerkey, 2022-Ohio-4298.]

**SECTION 6: ACCESSIBILITY EXPENSES AS A RESULT OF THE CRIMINAL OFFENSE**

I incurred expenses related to making my vehicle or home accessible due to my permanent disability.

Vehicle Modification  
Cost of modifications: \_\_\_\_\_  
Summary of modifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date(s) modifications occurred: \_\_\_\_\_

Residence Modification  
Cost of modifications: \_\_\_\_\_  
Summary of modifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date(s) modifications occurred: \_\_\_\_\_



**Make sure to have supporting documentation for these expenses.**

**RECOMMENDED DOCUMENTATION:** You should provide receipts or other documentation that shows the amount paid for modifications made to your vehicle and residence, the date(s) the modifications were made, and who performed the repairs.



**SECTION 7: SUMMARY OF ECONOMIC LOSSES SUFFERED AS A RESULT OF THE CRIMINAL OFFENSE**

You are entitled to receive restitution for the amount of economic losses that you have or will suffer. This amount will be reduced by any insurance or governmental assistance you have received as a result of the economic losses suffered due to the criminal offense.

**ECONOMIC LOSSES**

Amount paid for repair/replacement of stolen/damaged property	\$ _____	<input type="checkbox"/> I have supporting documentation.
Amount paid for medical expenses	\$ _____	<input type="checkbox"/> I have supporting documentation.
Amount paid for mental health counseling	\$ _____	<input type="checkbox"/> I have supporting documentation.
Amount of lost wages, profit, or commission	\$ _____	<input type="checkbox"/> I have supporting documentation.
Amount paid in making vehicle or residence accessible	\$ _____	<input type="checkbox"/> I have supporting documentation.
<b>Total Economic Losses</b>	<b>\$ _____</b>	

**REIMBURSEMENT OR COMPENSATION RECEIVED AS A RESULT OF THE CRIMINAL OFFENSE**

Amount paid by automobile insurance	\$ _____	<input type="checkbox"/> I have supporting documentation.
Amount paid by homeowner's insurance	\$ _____	<input type="checkbox"/> I have supporting documentation.
Amount paid by commercial property insurance	\$ _____	<input type="checkbox"/> I have supporting documentation.
Amount paid by medical insurance	\$ _____	<input type="checkbox"/> I have supporting documentation.
Amount paid by government assistance	\$ _____	<input type="checkbox"/> I have supporting documentation.
Other assistance received	\$ _____	<input type="checkbox"/> I have supporting documentation.
Other ( <i>specify</i> ) _____	\$ _____	<input type="checkbox"/> I have supporting documentation.
<b>Total Compensation/Reimbursement</b>	<b>\$ _____</b>	

**Total Economic Losses \$ \_\_\_\_\_ — (*minus*) Total Compensation/Reimbursement \$ \_\_\_\_\_ = \$ \_\_\_\_\_**  
**Amount of Restitution to be Requested**

