



**STATE OF ALASKA
OFFICE OF VICTIMS' RIGHTS**

Outstanding Restitution Request for Assistance

Date: _____

Name of crime victim (first, middle, and last name). If victim is deceased, list the name here:

Victim's date of birth: ____/____/____

Name of person filling out form (if different from victim listed above):

Your date of birth and relationship to the victim:

_____/_____

Complete mailing address: _____

Contact Information:

Cell: _____

Home: _____

Work: _____

Email: _____

Defendant's Name: _____

AND/OR

Court Case Number (example: 3AN-14-12345CR):

Was restitution ordered in the case listed above? Y / N

What was the amount of restitution the defendant was ordered to pay? \$ _____

Do you have a copy of the restitution judgment? Y / N

Have you received any payments towards the restitution amount, whether directly from the defendant, a third-party, the court system, or the Department of Law? Y/N

- **If yes, how much have you received? \$ _____**

Have you tried using a collection agency to recover any of the restitution from the defendant? Y / N

- **If yes:**
 - **What was the name of the collection agency?**

 - **When did you use the collection agency?**

 - **How much was recovered? \$ _____**

The Office of Victims' Rights (OVR) will maintain confidentiality with respect to *all* matters, including your identity, and that of witnesses coming before the OVR except insofar as, in the judgment of the OVR, disclosures are authorized by law and/or as may be necessary in order to enable this office to carry out its duties and to support its recommendations. This means that in the course of processing this complaint – request for assistance form and/or providing services in this case, it may become necessary for the OVR to use your name and/or other information about you case that you have provided, or which was acquired by the OVR in the discharge of our official duties, as a result of submitting this complaint – request for assistance form to us. By signing below, you are agreeing that, in the judgment of the OVR, we may use your name and discuss and/or disclose information and/or documents and/or the facts of this case with others, including but not limited to others within the executive, legislative, or judicial branches of government, private or public agencies or offices, in open court and/or to the general public, or others, in the formulation of our findings and recommendations and in the discharge of our duties. The services of the Office of Victims' Rights are free.

IF YOU AGREE, SIGN HERE:

NOTE: The Office of Victims' Rights cannot assist in your matter unless this line is signed.

Taylor Winston, Director
Alaska office of Victims' Rights
1007 West 3rd Avenue, Suite 205
Anchorage, AK 99501
Email: ovr@akleg.gov

Phone: (907) 754-3460
Fax: (907) 754-3469
Toll Free: (844) 754-3460
Website: www.ovr.akleg.gov