

UNCLAIMED RESTITUTION APPLICATION



A Division of the Virginia Workers' Compensation Commission

Web: www.virginiavictimsfund.org • **Mail:** P.O. Box 26927, Richmond, Virginia 23261 • **Phone:** 1.800.552.4007 • **Fax:** 804.823.6905

INSTRUCTIONS:

Please complete **Section 1** with current information if you are a victim of a crime to whom Unclaimed Restitution is to be paid or claiming restitution owed to a deceased victim. **If you are not the victim**, skip to 'Claimant Information if other than the Victim'.

Please complete **Section 2** if you are the representative of a business to whom Unclaimed Restitution is to be paid.

SECTION 1: Individual Victim Information			
Last Name:	First Name:	Middle Name:	
Former Name (if different from above):	Date of Birth:	Social Security Number:	
Phone Number:	Email Address:	Current Street Address:	
City:	State:	Zip Code:	
Claimant Information if other than the Victim:			
Full Name:	Address:	Select which applies: <input type="checkbox"/> Heir, Executor, or Administrator of the Victim's Estate <input type="checkbox"/> Parent/Guardian (if Victim is a minor) <input type="checkbox"/> Power of Attorney for Victim	
Phone Number:			
SECTION 2: Business Information			
Business Name:	Business Owner or Representative:	Co-Owner Name:	
Social Security or Federal ID Number:	Phone Number:	Email Address:	
Previous Business Name:			
Business Mailing Address:	City:	State:	Zip Code:
Business Street Address:	City:	State:	Zip Code:

(continued)

SECTION 3: Crime Information

Name of Court Where Restitution was Ordered:

Amount of Restitution Ordered:	Name of Defendant:	Date of Crime:
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Case Number (if known):

SECTION 4: Notarization and Signatures

This Application must be notarized and accompanying documents received in order to be processed. Please refer to the Application Cover Page for a list of documents that may be needed to complete your application.

I HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS ABOVE.

I swear or affirm that I am the Claimant; I have reviewed and understand all of the requirements of VVF. The information submitted is true and complete to the best of my knowledge and belief. I understand that submitting false information is a felony under § 19.2-368.16 of the Code of Virginia.

**Claimant's signature below must be signed with Notary Public present.*

CLAIMANT'S SIGNATURE (Required)	PRINT	DATE
_____	_____	_____

Bottom portion to be completed and signed by Notary Public.

City/County of _____, Commonwealth/State of _____

Subscribed and sworn before me this _____ day of _____, _____

My commission expires the _____ day of _____, _____

Notary Public Number: _____

NOTARY PUBLIC SIGNATURE (Required)	PRINT	DATE
_____	_____	_____

SUBMIT FORM:

Via Mail: Virginia Victims Fund, P.O. Box 26927, Richmond, VA 23261

Via Fax: 804-823-6911

Via Email: restitution@virginiavictimsfund.org