

UNCLAIMED RESTITUTION APPLICATION INSTRUCTIONS



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 FOR UNCLAIMED RESTITUTION

The Virginia Victims Fund receives any unclaimed restitution from the courts of the Commonwealth of Virginia that has gone unclaimed for more than one year pursuant to the Code of Virginia § 19.2-305.1 (I). Please complete the attached application to claim any unclaimed funds that may be due to you.

Instructions for Individual Crime Victims

1. Please completely fill out the attached application form (Sections 1, 3 and 4) and have your signature notarized.
2. Please provide a copy of your driver's license or other photo identification showing your current address.
3. If you are claiming unclaimed restitution that is owed to a deceased victim, please provide one of the following: A copy of the Small Estate Affidavit and death certificate **OR** a copy of the Letter/Certificate of Qualification.

Instructions for Business Owners or Representatives

1. Please completely fill out the attached application form (Sections 2, 3 and 4) and have your signature notarized.
2. Please provide a copy of one of the following:
 - Business License
 - State Corporation Commission Certificate AND Certificate of Assumed or Fictitious Name
 - Certificate of Incorporation
3. Please completely fill out a Taxpayer Identification Number and Certification Form (W-9 Form), located online at www.virginiavictimsfund.org/forms or request a copy be sent by mail.

Note: The Virginia Victims Fund reserves the right to request additional documentation.

For assistance completing this application or for any questions, please contact the Virginia Victims Fund's Unclaimed Restitution Department toll-free at 1-800-552-4007.

SUBMIT FORM:

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

Via Fax: 804-823-6911

Via Email: restitution@virginiavictimsfund.org

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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:		
Phone Number:	Email Address:	Current Street Address:	
City:	State:	Zip Code:	
Claimant Information if other than the Victim:			
Full Name:	Address:	Select which applies:	
Phone Number:		<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	
SECTION 2: Business Information			
Business Name:	Business Owner or Representative:	Co-Owner Name:	
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:

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

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