

**UNCLAIMED RESTITUTION
 REPAYMENT REQUEST FORM WC4**

**Shannon Dion
 Director**



A Division of the Virginia Workers' Compensation Commission

Email: restitution@virginiavictimsfund.org • **Mail:** P.O. Box 26927, Richmond, Virginia 23261 • **Phone:** 800.552.4007 • **Restitution Fax:** 804.823.6911

SECTION 1: Contact Information

Court/Reporting Office:	County/City:
Contact Person:	Date:
Mailing Address:	Email Address:
Phone Number:	Fax Number:

SECTION 2: Victim Information

Victim Name:	Social Security or Business Tax ID #:
Victim Current Address:	Offender Name:
Amount of Restitution Paid: \$	Date Unclaimed Restitution Originally Submitted:

SECTION 3: Verification and Signatures

I am from the Clerk's Office and:

I would like the repayment sent directly to the court.
 Court Tax ID #: _____ Court Address: _____

I would like the repayment sent to the victim at the above address.

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