

Restitution Worksheet

Name: _____

Address: _____

Phone Number: (____) _____

Name and case number of the Defendant if known: _____

Please attach any receipts or written estimates for restitution claim(s) to the Moultrie County State's Attorney's Office. Receipts, written estimates, or other documents must be attached to this for restitution to be considered.

Description	Cost
	Total Cost \$

Time is of the essence; please submit your information as soon as possible to:

**Moultrie County State's Attorney's Office
Moultrie County Courthouse
10 S. Main, Suite 13
Sullivan, IL 61951**

Failure to respond may result in the case being resolved without restitution being ordered.

Thank You.