

ADULT RESTITUTION FORM

STATE OF SOUTH DAKOTA

)

IN CIRCUIT COURT

)

COUNTY OF

)

FIRST JUDICIAL CIRCUIT

STATE OF SOUTH DAKOTA,

Plaintiff,

#

vs.

)

)

)

RESTITUTION ACCOUNT
INFORMATION

)

Defendant.

)

IF RESTITUTION IS BEING REQUESTED THIS FORM MUST BE COMPLETED BY THE PROSECUTOR AND PRESENTED TO THE COURT **AT THE TIME OF SENTENCING**. IF JOINT AND SEVERAL RESTITUTION IS BEING REQUESTED FILL IN THE BOXES BELOW AND ATTACH A SHEET FOR EACH DEFENDANT WITH ACTUAL AMOUNTS OWED BY EACH DEFENDANT.

NUMBER OF DEFENDANTS \$ TOTAL RESTITUTION DUE FROM ALL DEFENDANTS

DOCKET #(S) OF RELATED CASES:

VICTIM 1:

NAME: _____ DOB: _____ AMOUNT: \$ _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

VICTIM 2:

NAME: _____ DOB: _____ AMOUNT: \$ _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

VICTIM 3:

NAME: _____ DOB: _____ AMOUNT: \$ _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

VICTIM 4:

NAME: _____ DOB: _____ AMOUNT: \$ _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

TOTAL RESTITUTION DUE FROM DEFENDANT

(if joint and several fill in only this defendant's share) \$

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IF ADDITIONAL VICTIMS CHECK THIS BOX AND ATTACH EXTRA FORMS.