



STATE INSTITUTIONS CLAIMS  
RESTITUTION CLAIM FORM

This document must be completed and submitted by the state agency filing a claim on behalf of an individual for restitution of direct medical expenses and/or property damage up to \$1,500 caused by foster children, or direct medical expenses and/or property damage up to \$1,000 caused by shelter children, or escapees or inmates of state institutions under the Department of Children and Families, the Department of Juvenile Justice, or the Department of Corrections.

Please type or print legibly and complete all numbered items. Mail this completed document to the address shown on page 2.

- 1. Date of Incident \_\_\_\_\_.
- 2. Name and address of the claimant (the person who suffered personal injury or property damage).  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

- 3. If the claimant is a child, incompetent, deceased or otherwise incapable of preparing the claim, give the following information on the person who will receive the restitution payment on behalf of the claimant:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 The relationship to the claimant:  
 \_\_\_\_\_ Parent    \_\_\_\_\_ Legal Guardian    \_\_\_\_\_ Estate Representative    \_\_\_\_\_ Other  
 If "Other", explain: \_\_\_\_\_

- 4. Give a brief statement of the facts upon which the claimant seeks restitution for injury or damages, or attach your agency incident report. Include sufficient information to establish that the person causing the injury or property damage was an inmate, escapee, patient, shelter or foster child. Include the full name(s) of the person(s) causing the injury or damage.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

