

# Restitution Personal Information

## Restitution and the collection of your personal information:

Victim Services, Courts or the Crown attorney may need to contact you again about your Restitution Statement. Manitoba Justice Prosecution Service (Crown attorneys) is collecting this information from you under the authority of the *Canadian Victims Bill of Rights* legislation. It will be used to carry out and administer Restitution orders.

Your personal information is protected by *The Freedom of Information and Protection of Privacy Act* of Manitoba. We cannot use your information for any other purpose without your consent, unless the law permits it or requires it. We cannot share your information outside Manitoba Justice without your consent, unless the law permits or requires this.

### Victim Information

 Individual Business or Agency

Name of Victim/Business or Agency: \_\_\_\_\_

Contact Person for Business or Agency: \_\_\_\_\_

Address: \_\_\_\_\_

(Street / PO Box)

(city/town)

(province/state)

(postal code)

(country)

Phone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email(s): \_\_\_\_\_

### Incident Information (if known):

Location of incident: \_\_\_\_\_ Date of incident: \_\_\_\_\_

Name of investigating police agency: \_\_\_\_\_

Police incident/file number: \_\_\_\_\_

### Insurance Coverage (if known):

Is the loss/damage insured?  Yes  No If yes, amount of insurance deductible \$ \_\_\_\_\_

Deductible Paid?  Yes  No

Name and phone number of insurance company/adjuster: \_\_\_\_\_

Mailing address of insurance company: \_\_\_\_\_

### Please Sign and Date

I declare that the information stated in this document is true to the best of my knowledge.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_\_

(Municipality/Province)

\_\_\_\_\_  
Signature of Victim

Ces renseignements sont également offerts en français.

**Manitoba** 