STATE OF SOUTH DAKOTA	**)**	**IN CIRCUIT COURT**
	:SS	
COUNTY OF _____	**)**	**FIRST JUDICIAL CIRCUIT**
	)	
IN THE INTEREST OF,	**)**	**_____#_____**
	)	
_____	**)**	
MINOR CHILD AND CONCERNING	**)**	**JUVENILE**
	)	**RESTITUTION ACCOUNT**
_____	**)**	**INFORMATION**
PARENT	**)**	

****

IF RESTITUTION IS REQUESTED IN A JUVENILE CASE THIS FORM MUST BE COMPLETED BY THE PROSECUTOR AND PRESENTED TO THE COURT <u>AT THE TIME OF DISPOSITION</u>. IF JOINT AND SEVERAL RESTITUTION IS REQUESTED FILL IN THE BOXES BELOW AND ATTACH A SHEET FOR EACH RESPONSIBLE PARTY WITH ACTUAL AMOUNTS OWED BY EACH RESPONSIBLE PARTY FILLED IN.

☐ **NUMBER OF RESPONSIBLE PARTIES** **$** ☐ **TOTAL RESTITUTION DUE FROM ALL RESPONSIBLE PARTIES**

DOCKET #(S) OF RELATED CASES: _____.

<u>VICTIM 1:</u>
NAME: _____DOB:_____ **AMOUNT: $_____**
MAILING ADDRESS: _____
PHONE:_____ EMAIL: _____

<u>VICTIM 2:</u>
NAME: _____DOB:_____ **AMOUNT: $_____**
MAILING ADDRESS: _____
PHONE:_____ EMAIL: _____

<u>VICTIM 3:</u>
NAME: _____DOB:_____ **AMOUNT: $_____**
MAILING ADDRESS: _____
PHONE:_____ EMAIL: _____

<u>VICTIM 4:</u>
NAME: _____DOB:_____ **AMOUNT: $_____**
MAILING ADDRESS: _____
PHONE:_____ EMAIL: _____

TOTAL RESTITUTION DUE FROM JUVENILE
(If joint and several fill in only this juvenile's share):$_____

☐ **IF ADDITIONAL VICTIMS CHECK THIS BOX AND ATTACH EXTRA FORMS.**