Restitution Statement

Name: Address: City/State/Zip:	RE: Resti	itution for		
_	ation, a report was filed with provide a detailed description	-	fice, reflecting possible out of	
Description			Value	
·			\$	
			nent, please call the police ntal report, allowing our office	
Please indicate your req	uest below:			
I do not desire ar	y restitution for my loss and/	or damage.		
I hereby request insurance company.	that I be paid \$	for the loss and/or dama	age not submitted to any	
	h my insurance company: on for co-pays, or other eligibl		one and 	I
replacement, on compa		y occurred, please submit co	or work orders for repairs or pies of the medical bills. If you center.	
•	nformation is true to the bes s court is a violation of Misso		and that submitting fraudulent	
Signature of Victim			Date	_
Signature of Parent (if victim is under the a	nge of 17)		Date	_

Please complete and return this form to the Cass County Juvenile Center within ten (10) business days.

Please mail the completed form to:

2501 W. Mechanic, Suite 200, Harrisonville, Missouri 64701 Attention: Shelby Spicer

Cass County Juvenile Center 2501 W. Mechanic, Suite 200 Harrisonville, Missouri 64701 Phone: (816) 380-8475 Facsimile: (816) 380-8490 Email: Cass.JO@courts.mo.gov



Johnson County Juvenile Center 101 W. Market, Suite 101 Warrensburg, Missouri 64093 Phone: (660) 422-7418 Facsimile: (660) 422-7422 Email: Johnson.JO@courts.mo.gov