

CITY OF STOUGHTON MUNICIPAL COURT

**PUBLIC SAFETY BUILDING
321 SOUTH FOURTH STREET
STOUGHTON, WI 53589
608-873-6676
608-646-0470 – fax
Court@ci.stoughton.wi.us**

RE: Citation/Case No.: _____

AFFIDAVIT AND REQUEST FOR RESTITUTION

I hereby declare that I did not give consent to anyone to remove, damage, or destroy my property as reported to the City of Stoughton Police Department on the _____ day of _____, _____; that the total value of such property (if stolen) is \$ _____, and the total value of such property (if damaged) is \$ _____.

Itemized below are the individual damage costs or replacement costs of such property.

I hereby request that I be paid \$ _____ for my theft/damage which is not reimbursed by any insurance.

Signature Date

- **A RECEIPT(S) or ESTIMATE OF DAMAGES/REPLACEMENT MUST ACCOMPANY THIS FORM.**
- **PLEASE ALSO ATTACH YOUR CONTACT INFORMATION - NAME, ADDRESS AND PHONE NUMBER ON A SEPARATE SHEET OF PAPER FOR THE COURT RECORDS.**

- Ordering payment of restitution is at the discretion of the Court.
- It is your responsibility to notify the court of an address change to ensure proper delivery of restitution payments.
- Victims also have the option to file a small claims action in Dane County Circuit Court.