

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 17TH JUDICIAL CIRCUIT
COUNTY OF WINNEBAGO

FILE STAMP

THE PEOPLE OF THE STATE OF ILLINOIS)
Plaintiff,)
vs.) Case No.
)
)
) Defendant)

RESTITUTION ORDER

- 1. a. On (date): the above named defendant: was convicted of a crime that entitles the victim to restitution.
b. Parents or guardians jointly and severally liable (name each):
c. Co-offenders found jointly and severally liable (name each):
2. Evidence was presented that the victim named below suffered losses as a result of defendant's conduct. Defendant was informed of his or her right to a judicial determination of the amount of restitution and
a. a hearing was conducted.
b. stipulated to the amount of restitution to be ordered.
c. waived a hearing.
3. The Court Orders the following:
a. restitution shall be paid in full by (must be a date less than 5 years);
b. restitution shall be paid in installments of \$ per beginning on and the balance shall be paid in full by (must be a date less than 5 years).
4. The Court Orders the defendant to pay restitution in the following amounts to the designated victim(s) listed below:

Table with 2 columns and 2 rows for victim information. Each row contains fields for Name, Claim/Account No., Address, City, State, Zip, and Amount.

- This order is to be sealed by the office of the Circuit Clerk to protect victim(s) privacy
See accompanying page(s) for additional designated victim(s) receiving restitution.

Defense Attorney Signature: _____

Defendant Signature: _____

Judge: _____

Prosecuting Attorney Signature: _____

Entered: _____

Restitution to be paid at the Circuit Clerk's Office Room 108, located at 400 West State St., Rockford.

**CONTINUED
RESTITUTION ORDER**

LIST ADDITIONAL DESIGNATED VICTIM(S) RECEIVING RESTITUTION

| | |
|---|---|
| Name: _____ Claim/Account No.: _____ Address: _____ City: _____ State: _____ Zip _____ Amount: _____ | Name: _____ Claim/Account No.: _____ Address: _____ City: _____ State: _____ Zip _____ Amount: _____ |
| Name: _____ Claim/Account No.: _____ Address: _____ City: _____ State: _____ Zip _____ Amount: _____ | Name: _____ Claim/Account No.: _____ Address: _____ City: _____ State: _____ Zip _____ Amount: _____ |
| Name: _____ Claim/Account No.: _____ Address: _____ City: _____ State: _____ Zip _____ Amount: _____ | Name: _____ Claim/Account No.: _____ Address: _____ City: _____ State: _____ Zip _____ Amount: _____ |
| Name: _____ Claim/Account No.: _____ Address: _____ City: _____ State: _____ Zip _____ Amount: _____ | Name: _____ Claim/Account No.: _____ Address: _____ City: _____ State: _____ Zip _____ Amount: _____ |
| Name: _____ Claim/Account No.: _____ Address: _____ City: _____ State: _____ Zip _____ Amount: _____ | Name: _____ Claim/Account No.: _____ Address: _____ City: _____ State: _____ Zip _____ Amount: _____ |
| Name: _____ Claim/Account No.: _____ Address: _____ City: _____ State: _____ Zip _____ Amount: _____ | Name: _____ Claim/Account No.: _____ Address: _____ City: _____ State: _____ Zip _____ Amount: _____ |
| Name: _____ Claim/Account No.: _____ Address: _____ City: _____ State: _____ Zip _____ Amount: _____ | Name: _____ Claim/Account No.: _____ Address: _____ City: _____ State: _____ Zip _____ Amount: _____ |