



**VIRGINIA VICTIMS FUND**  
*Helping Innocent Victims of Crime*  
OFFICIALLY CRIMINAL INJURIES COMPENSATION FUND

## REPAYMENT REQUEST FORM WC4



*A Division of the Virginia Workers' Compensation Commission*

**Web:** [www.virginiavictimsfund.org](http://www.virginiavictimsfund.org) • **Mail:** P.O. Box 26927, Richmond, Virginia 23261 • **Phone:** 1.800.552.4007 • **Fax:** 804.823.6905

<b>SECTION 1: Contact Information</b>		
Court/Reporting Office:	County/City:	
Contact Person:	Date:	
Mailing Address:	Email Address:	
Phone Number:	Fax Number:	
<b>SECTION 2: Victim Information</b>		
Victim Name:	Social Security or Business Tax ID #:	
Victim Current Address:	Offender Name:	
Amount of Restitution Paid: \$	Date Unclaimed Restitution Originally Submitted:	
<b>SECTION 3: Verification and Signatures</b>		
<p>I am from the Clerk's Office and:</p> <p><input type="checkbox"/> I would like the repayment sent directly to the court.</p> <p style="margin-left: 20px;">Court Tax ID #: _____ Court Address: _____</p> <p><input type="checkbox"/> I would like the repayment sent to the victim at the above address.</p>		
SIGNATURE (Required)	PRINT	DATE
_____	_____	_____

<b>SUBMIT FORM:</b>
<p><b>Via Mail:</b> Virginia Victims Fund, P.O. Box 26927, Richmond, VA 23261</p> <p><b>Via Fax:</b> 804-823-6911</p> <p><b>Via Email:</b> <a href="mailto:restitution@virginiavictimsfund.org">restitution@virginiavictimsfund.org</a></p>