



A Division of the Virginia Workers' Compensation Commission

Web: www.virginiavictimsfund.org · Mail: P.O. Box 26927, Richmond, Virginia 23261 · Phone: 1.800.552.4007 · Fax: 804.823.6905

SECTION 1: Contact Information	
Court:	Date:
Contact Person:	Title:
Address:	Email:
Phone:	Fax:
Date(s) this Report Represents:	
SECTION 2: Verification and Signatures	
Please certify remittance from one of the two options below:	
□ I, certify that I have prepared and examined the report consisting of pages,	
totaling \$ of restitution that is presumed unclaimed, pursuant to § 19.2-305-1 (1).	
OR:	
□ I, certify that this office does not have unclaimed restitution to report to the Virginia Victims Fund for this time period.	
SIGNATURE (Required) PRINT	DATE

SUBMIT FORM: Via Mail: Virginia Victims Fund, P.O. Box 26927, Richmond, VA 23261 Via Fax: 804-823-6911 Via Email: restitution@virginiavictimsfund.org