



REQUEST CASE
PAYMENT INFORMATION

NOTE: Pursuant to regulations adopted by the Judicial Conference of the United States, information regarding restitution payments made in cases is not available to the public and may only be provided to the restitution payee (victim), to the defendant, or to counsel of record for the defendant.

Please complete all form fields; * indicates a required field.

A. CASE INFORMATION

Please provide the case number AND defendant's name OR provide the check number and check date of the U.S. Treasury check you have received.

Case Number and Defendant's Name

Case Number: * : * - cr - * -
(Example: 1:23-cr-012-1) Division* Year (2 digit) Case No. Deft. No.

*Division: 1 = Indianapolis; 2 = Terre Haute; 3 = Evansville; 4 = New Albany

Defendant's Name: * *
Last Name First Middle

U.S. Treasury check number and date

For restitution victim U.S. Treasury Check information:

Enter U.S. treasury check number: *

Enter U.S. treasury check date (MM/DD/YY): *

B. REQUESTER'S INFORMATION

- Restitution Payee (Victim) Name*
Counsel for the Victim Company/Firm:
Defendant Address*:
Counsel for Defendant
U.S. Probation Officer City, State, Zip*:
BOP Officer Telephone*:
This is a change in Payee or Defendant address information.

NOTE: Request victim address change for restitution payments by email or mail through the U.S. Attorney's Office Victim Address Change Form (Restitution)



C. CRIMINAL DEBT/RESTITUTION PAYMENT INFORMATION

- Total of Payments Made to the Clerk's Office
- Last Payment Date
- Other: _____

D. NOTIFICATION METHOD

Please select the delivery method below for restitution payment information.

- Email: _____ (provide email address)
- Fax: _____ (provide fax number)
- U.S. Mail (at address above)
- In Person (at the USDC Clerk's Office)

E. CERTIFICATION

Please read the following statement, then certify by placing an "x" in the box next to the certification statement and enter the date and apply your signature in the spaces provided below. Once complete, please click the "Submit" button.

- I understand that requests for case information must be processed under the Subpoena Regulations Adopted by the Judicial Conference of United States Courts and that information may only be released to the case restitution payee (victim), the defendant or counsel of record for the defendant. I declare under penalty of perjury under the laws of the United States of America that the information I have provided on this form is true and correct and would be my testimony if I were in a court of law.*

Date: _____
Signature*

*For electronic signatures, please type "s/" before typing your name. Example, "s/John Doe"

Submit

If the "Submit" button does not work with your settings, please save this document once completed and email it as an attachment to finance@insd.uscourts.gov.