

STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice
 District Superior Court Division

STATE VERSUS

RESTITUTION WORKSHEET ADDENDUM (INITIAL SENTENCING)

G.S. 15A-1340.34 through -1340.38, 15A-1343(d)

NOTE: Use this form to list additional victims or aggrieved parties awarded restitution in the above captioned proceedings only when there is insufficient space to list them under the applicable Parts of the AOC-CR-611. Include the amounts granted on this form in the total(s) of Part I on the AOC-CR-611. Use this form only for restitution awarded at initial sentencing. At revocation or termination of probation, list victims/parties still owed restitution on the "Restitution Update Worksheet, Notice And Findings," AOC-CR-612, listing additional victims/parties on the AOC-CR-612A, as needed.

ADDITIONAL VICTIMS/AGGRIEVED PARTIES

NOTE: For each award, the preparer **must** indicate the Part of the AOC-CR-611 under which the award is incorporated. Race, Sex and DOB are to be entered only for VRA victims under Part II. Complete the Docketing Info only when a civil judgment is to be docketed pursuant to Order No. 5 under Order And Judgment For Restitution on the AOC-CR-611. Record each victim's/party's Social Security Number or Taxpayer ID on the AOC-CR-382 for the bookkeeping department.

VICTIM/PARTY INFORMATION (NOTE: If victim/party has refused to disclose any information, so state.)

RESTITUTION AMOUNT

Name And Address	Telephone No.			Requested: \$
	Account No.			Granted, If Different: \$
	Race	Sex	DOB	Docketing Info Abs. No.
Contact Person				

The victim/party above is hereby incorporated on the attached AOC-CR-611 under:

Part II, Victims' Rights Act (VRA) Victims Part III, Other Victims (Non-VRA) Part IV, Other Aggrieved Parties (Non-Victims)

The defendant is held jointly and severally liable to this victim/party with the following person(s), as provided in any order(s) for restitution against them (enter names of other defendants and file numbers; if no file numbers assigned, enter law enforcement agency and incident number):

Name And Address	Telephone No.			Requested: \$
	Account No.			Granted, If Different: \$
	Race	Sex	DOB	Docketing Info Abs. No.
Contact Person				

The victim/party above is hereby incorporated on the attached AOC-CR-611 under:

Part II, Victims' Rights Act (VRA) Victims Part III, Other Victims (Non-VRA) Part IV, Other Aggrieved Parties (Non-Victims)

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(Over)

ADDITIONAL VICTIMS/AGGRIEVED PARTIES

VRA VICTIM INFORMATION (NOTE: If victim has refused to disclose any information, so state.)

RESTITUTION AMOUNT

Name And Address	Telephone No.			Requested:
				\$
	Account No.			Granted, If Different:
				\$
Contact Person	Race	Sex	DOB	Docketing Info Abs. No.

The victim/party above is hereby incorporated on the attached AOC-CR-611 under:
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 Part III, Other Victims (Non-VRA)
 Part IV, Other Aggrieved Parties (Non-Victims)

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(enter names of other defendants and file numbers; if no file numbers assigned, enter law enforcement agency and incident number):

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				\$
	Account No.			Granted, If Different:
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				\$
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