

# REPORT FOR UNCLAIMED RESTITUTION WC1



*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:	Date:
Contact Person:	Title:
Address:	Email:
Phone:	Fax:
Date(s) this Report Represents: _____ through _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>(start date)</span> <span>(end date)</span> </div>	
<b>SECTION 2: Verification and Signatures</b>	
<p>Please certify remittance from one of the two options below:</p> <p><input type="checkbox"/> I, _____ certify that I have prepared and examined the report consisting of _____ pages, totaling \$_____ of restitution that is unclaimed, pursuant to Va. Code § 19.2-305-1 (I). I further acknowledge that once remitted to the Virginia Victims Fund, this office waives future interest in funds.</p> <p style="text-align: center;"><b>OR:</b></p> <p><input type="checkbox"/> I, _____ certify that this office does not have unclaimed restitution to report to the Virginia Victims Fund for this time period.</p>	
SIGNATURE (Required)	PRINT
DATE	

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