



# Livingston County Probation Department

6 Court Street Room 101 Geneseo, New York 14454

Phone: (585)243-7190

[probation@livingstoncountyny.gov](mailto:probation@livingstoncountyny.gov)

Fax: (585)243-7169

Liz Laney  
Supervisor

Lynne C. Mignemi  
Director

Michelle C. Jordan  
Supervisor

## RESTITUTION REQUEST FORM

\*Attach additional sheets as necessary\*

Name of insurance company:

\_\_\_\_\_

\_\_\_\_\_

Name and contact information of insurance adjuster:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address where restitution will be sent:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Claim Number:

\_\_\_\_\_

Amount paid to insured:

\$ \_\_\_\_\_

Deductible paid by insured:

\$ \_\_\_\_\_

Views towards sentencing (optional):

Return to: Livingston County Probation Department,  
6 Court Street, Room 101, Geneseo, New York 14454  
Form can also be faxed (585-243-7169) or e-mailed ([probation@livingstoncountyny.gov](mailto:probation@livingstoncountyny.gov))