Inmate Name: Enter name. Inmate #: Enter number.

Facility: Choose Facility. Date of Offense: Select date. DOR Number: Enter number.

It is hereby requested that the Idaho Department of Correction's fiscal unit garnish the inmate's account until the restitution is paid in full. If the account balance does not cover full restitution, the remainder owed will be garnished according to the requirements of SOP 114.03.03.024 until the restitution is paid in full. Restitution must not be ordered for IDOC wages or overtime. Documentation must be attached to restitution order.

**Type of Loss:**

|  |  |
| --- | --- |
| Property Damage (IDOC or IDOC contract) | Theft (IDOC or IDOC contract) |
| Property Damage (other inmate) | Theft (other inmate) |
| Property Damage (private property) | Theft (private party) |
| Property Damage (other government agency) | Theft (other government agency) |
| Labor Cost (\*non-IDOC agency) |  |

Restitution Amount: Enter text.

(If the restitution is more than $250.00, the applicable division chief or designee must approve it).

Description of damage or loss: Enter text.

Method for determining restitution amount: Enter text.

Type of supporting documentation: Enter text.

Party to be reimbursed if not IDOC or IDOC contract facility: Enter text.

DHO Name: Enter name. Associate Number: Enter number. Date: Click here to enter a date.

Email completed form to the department disciplinary coordinator (or designee).

**Division Chief (or Designee’s) Review**

Approved

Denied

Modified to Enter amount.

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |
| --- | --- |
| Division chief or designee’s signature | Date |

After request is approved, denied, or modified, print; sign; convert to PDF, and return PDF via email to DHO. Mail original to records clerk at the inmate’s current facility to be attached to the *DOR* in the inmate’s central file.