

North Justice Center
VICTIM WITNESS ASSISTANCE PROGRAM
Victim Witness Emergency Fund Form

Date: _____

Defendant Name: _____

Case Number: _____

Amount: _____ Due Date: _____

Plea: _____

Civil Compromise: _____

Judge: _____

Pro Tem: yes _____ no _____

District Attorney: _____

(Sign & Print)

***Note: This form is strictly for VWEF. DO NOT include any restitution orders on this form.
NO PERSONAL CHECKS; MONEY ORDERS OR CASH PAYMENT ONLY