



COMPENSATION TO VICTIMS OF CRIME AUXILIARY FUND

a. T Code ■ 32690

• DO NOT WRITE IN SHADED AREAS.

c. County identification number ■	d. Report for the month of	e. ■	f. Due date of report
--------------------------------------	----------------------------	------	-----------------------

g. _____
County name and mailing address

h. IMPORTANT
Blacken this box if your address has changed. Show changes by the preprinted information. → 1

i. ■	j. ■
------	------

V.T.C.A. Gov. Code 76.013 and Vernon's Ann. Code Crim. Proc. Art. 42.131, Sec 12
The law requires that all unclaimed restitution payments be remitted to the Comptroller no earlier than the fifth anniversary date on which the Community Supervision and Corrections Department initially mailed notice of an unclaimed payment to the victim. After making an initial transfer, subsequent payments should be transferred to the Comptroller no later than the 121st day after payment was received. Any accrued interest and five percent of the payment may be retained as a collection fee.

Use this form to report all unclaimed amounts payable during the preceding month. Use supplement pages, as needed.

Check box if using supplement pages. Number of supplement pages attached. _____ # _____ pages

Case number	Name of claimant	Date of first unsuccessful contact
Unclaimed amount \$	Collection Fee (5%) \$	Total 1. \$
Case number	Name of claimant	Date of first unsuccessful contact
Unclaimed amount \$	Collection Fee (5%) \$	Total 2. \$
Case number	Name of claimant	Date of first unsuccessful contact
Unclaimed amount \$	Collection Fee (5%) \$	Total 3. \$
Case number	Name of claimant	Date of first unsuccessful contact
Unclaimed amount \$	Collection Fee (5%) \$	Total 4. \$

5. TOTAL AMOUNTS REPORTED THIS PAGE 5. \$ _____

6. TOTAL OF ALL SUPPLEMENT PAGES ATTACHED (Item 13 of all supplement pages) 6. \$ _____

7. TOTAL AMOUNT DUE FOR THIS PERIOD (Total of Item 5 and Item 6) 7. ■ \$ _____

*** DO NOT DETACH *** DO NOT DETACH *** DO NOT DETACH ***

8. TOTAL AMOUNT DUE AND PAYABLE (Same as Item 7) 8. ■ \$ _____

County name	k. ■	l. ■
-------------	------	------

■ T Code ■ County identification no. ■ Period

For assistance call (800) 531-5441, ext. 3-4276, toll free nationwide.
The Austin number is (512) 463-4276.

Complete this report and make the amount in Item 8 payable to:
STATE COMPTROLLER

Mail to: COMPTROLLER OF PUBLIC ACCOUNTS
P.O. Box 149361
Austin, Texas 78714-9361

I, (type or print name) _____ certify that the information above is true as shown in the records of the County named.

Authorized agent

sign here ▶

Title	Date
Daytime phone (Area code and number)	