

RESTITUTION REQUEST FORM

DATE
VICTIM NAME
ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP

State vs. DEF NAME
CA No: CA#

If you suffered a financial loss as a result of this case, a court may require the defendant to reimburse you. In order for a prosecutor to make a request on your behalf, documentation must be provided prior to sentencing. This documentation needs to support the amount you are requesting for restitution. Examples of supporting information would include copies of any bills you've received for losses from the crime, receipts or estimates for replacement or repair of property, pay stubs or tax forms supporting wage loss, etc. If you have insurance that reimbursed you for any losses, you should provide that information, indicating what insurance has paid and what you paid, including your deductible and co-pays. If there are on-going expenses, explain those. The prosecutor may ask the court to hold on to control of the restitution matter until all those on-going expenses have been resolved.

REMEMBER: Sending this form without any supporting information is not sufficient to submit a claim for restitution. Not supplying the information in a timely manner could either delay the process of your request or could result in you being unable to obtain a restitution order.

Please follow instructions below:

- Gather documents for each expense you are requesting reimbursement for
- MAKE COPIES – DO NOT SEND ORIGINAL DOCUMENTS**
- Provide amounts for expense per the categories below
- Calculate the grand total you are seeking by adding all expense categories below...be sure to submit supporting documentation for these expenses along with this form
- Update any personal information that has changed

Update Personal Information: _____

Provide daytime Phone: _____ Mobile: _____

EXPENSES: provide total expenses for each category

Medical/Dental/Mental Health: _____
 Property Loss/Damage: _____
 Vehicle Loss/Damage: _____
 Funeral: _____
 Wage Loss: _____
 Other Losses: _____
 Explain what "other" Losses are for: _____
 GRAND TOTAL: _____

MAIL OR FAX INFO TO:

Maricopa County Attorney's Office
Victim Services Division
301 W Jefferson, 9th Floor
Phoenix, AZ 85003
Fax: 602-506-3942

If you have any questions, please contact your assigned advocate at 602-506-8526.