

## Restitution Request Form

If you suffered a financial loss as a result of the defendant's conduct, a court may require the defendant to reimburse you. In order for the prosecutor to make a request on your behalf, receipts or estimates must be provided prior to sentencing. If there are ongoing expenses, the prosecutor may ask the court before sentencing to retain jurisdiction. Please complete the sections below if you are requesting restitution for expenses directly related to the crime.

Defendant Name(s): \_\_\_\_\_

Case Number: \_\_\_\_\_

Victim Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime number: \_\_\_\_\_ Mobile/message number: \_\_\_\_\_

Total medical/dental expenses \$ \_\_\_\_\_

Total property damage/loss \$ \_\_\_\_\_

Total vehicle damage/loss \$ \_\_\_\_\_

Total Funeral expenses \$ \_\_\_\_\_

Total lost wages \$ \_\_\_\_\_

Other expenses/losses \$ \_\_\_\_\_

**Total restitution request** \$ \_\_\_\_\_

If auto, home or health insurance has paid any of these expenses, please provide amount paid \$ \_\_\_\_\_ or attach documentation. Mail this completed form with copies of bills, receipts and estimates for damages not yet repaired using prepaid envelope provided.

**Maricopa County Attorney's Office  
Victim Services Division  
301 W. Jefferson, 9<sup>th</sup> floor  
Phoenix, AZ 85003**

Questions? Contact the Victim Services Division at (602) 506-8522.