



CLARK COUNTY  
OFFICE OF THE DISTRICT ATTORNEY  
*Criminal Division*

STEVEN B. WOLFSON  
District Attorney

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CHRISTOPHER LALLI    ROBERT DASKAS    BRIGID J. DUFFY    KAREN S. CLIFFE    LISA LOGSDON  
*Assistant District Attorney    Assistant District Attorney    Assistant District Attorney    Assistant District Attorney    County Counsel*

**The Court cannot order restitution without documentation and proof.**  
**Office Number (702) 671-2525 or Fax Directly to (702) 455-5101**

**REQUEST FOR RESTITUTION**  
**(TO BE PAID BY DEFENDANT AS ORDERED BY THE COURT)**

**Directions:** Read and complete this entire form. Gather supporting documentation / proof of costs. Return the completed form and documentation / proof as soon as possible.

- **Restitution** is a court order to a defendant to compensate the **immediate victim** (or surviving family member) for costs arising from the defendant's criminal act.
- A court will order restitution for **actual** loss and **actual** out of pocket expenses.
- Examples include medical expenses, value of stolen property, and repair expenses.
- A court will **not** order restitution for pain and suffering or for losses not supported by proof. Examples of proof are bills, receipts, repair estimates, or proof of value.

Date: \_\_\_\_\_

Case #: \_\_\_\_\_ Defendant Name: \_\_\_\_\_

Victim's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone(s): \_\_\_\_\_ Email: \_\_\_\_\_

Insurance Deductible	\$ _____
Medical Insurance Co-pays	\$ _____
Medical bills (hospital, doctor, etc.)	\$ _____
Value of property that was stolen or destroyed	\$ _____
Professional estimate for repair	\$ _____
Other (please explain)	\$ _____
<b>TOTAL AMOUNT REQUESTED</b>	<b>\$ _____</b>

**Please return immediately.**

\_\_\_\_\_  
Signature