

## CLARK COUNTY **OFFICE OF THE DISTRICT ATTORNEY**

Criminal Division

## **STEVEN B. WOLFSON**

District Attorney

200 Lewis Avenue • Las Vegas, NV 89101 • 702-671-2500 • Fax: 702-455-2294 • TTY and/or other relay services: 711

MARY-ANNE MILLER CHRISTOPHER LALLI County Counsel

Assistant District Attorney

ROBERT DASKAS Assistant District Attorney

BRIGID J. DUFFY Director DA Juvenile

VACANT Director DA Family Support

## **Restitution Requests will NOT be considered** Without Backup Documentation....

**NO Exceptions.** 

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)

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

Case #: \_\_\_\_\_ Defendant Name: Victim's Name: Address: City, State, Zip: \_\_\_\_\_\_ Telephone(s): Email:

If you incurred medical expenses or property damage/loss as a result of the crime, please provide this office with information to support your claim. **COPIES** of bills or estimates are recommended to support your claim. You may **not** request monies for pain and suffering and lost wages; **ONLY actual financial loss/ out of pocket expenses.** 

**Insurance Deductible** \$\_\_\_\_\_ \$\_\_\_\_\_ Medical Insurance Co-pays Medical bills (hospital, Doctor, etc) \$\_\_\_\_\_ Property Damage/Loss \$\_\_\_\_\_ Other (please explain)

I am requesting restitution in the TOTAL AMOUNT OF \$\_\_\_\_\_

Please return immediately.

Signature