



RESTITUTION REQUEST FORM

FORMAL ADULT PROBATION BENCH PROBATION JUVENILE CASE

DEFENDANT NAME		
ADULT CASE NUMBER #:	JUVENILE CASE NUMBER #	SUPERIOR COURT #
VICTIM NAME / BUSINESS NAME:		
ADDRESS:		
PHONE NUMBER:		WORK TELEPHONE NUMBER
Personal Information (for victim/business owner)		DRIVERS LICENSE NUMBER
DATE OF BIRTH:	SSN #:	

- I do not wish to request restitution.
- I have filed a claim with the **Victim Compensation Board**. Claim No. _____
- I wish to make a request for the expenses listed below.

PLEASE INCLUDE A COPY OF YOUR RECEIPT(S) OR OTHER VERIFICATION OF LOSSES

Stolen or Damaged Property: *(Repair or replacement costs; estimates acceptable. Property loss includes money loss due to theft, fraud, embezzlement, etc).*

DESCRIPTION	AMOUNT
TOTAL	

Medical Expenses: *(Any monies billed to or paid out by you, your insurance, Medi-Cal / Medicare, CMSP, etc.)*

DESCRIPTION	AMOUNT

TOTAL	

Wages or Lost Profits: (Pay stubs, verification letter from employer on letterhead with dates of absence, tax returns if self-employed)

DESCRIPTION	AMOUNT
TOTAL	

Miscellaneous Crime Related Losses: (Mental health counseling, attorney's fees, relocation expenses, residential security expenses, etc.)

DESCRIPTION	AMOUNT
TOTAL	
TOTAL RESTITUTION REQUESTED	

It is your responsibility to notify this office of any change of address, settlement, compromise, or other status change concerning this claim of loss and request for restitution.

I certify under penalty of perjury, under the laws of the State of California, that the foregoing is a true and accurate statement concerning my losses in this matter.

Signature: _____ Date: _____

PLEASE RETURN THIS FORM WITHIN 15 DAYS OF RECEIPT
 KEEP A COPY OF THIS FORM AND SUPPORTING DOCUMENTATION FOR YOUR RECORDS.
 RETURN TO THE ADDRESS BELOW