

Sí usted preferiría esta carta en español, por favor contacte nuestra oficina llamando al 781-5821 y con gusto le enviaremos una nueva carta.



Defendant Name:

DA CASE # :	SUPERIOR COURT#:	AGENCY #:	DATE OF INCIDENT:
Victim/Business Name:			
Address:			
Home Telephone:		Work Telephone: (
Personal Information (for victim/business owner)			
Date of Birth:	Social Security #		Driver's License #

- ☐ 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.

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

[illegible]

DAN DOW
VICTIM/WITNESS ASSISTANCE CENTER
COURTHOUSE ANNEX, ROOM 384
1035 PALM STREET
SAN LUIS OBISPO, CA 93408
(805) 781-5821

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Medical Expenses: (Any monies billed to or paid out by you or your insurance, 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, mileage to and from court appearance and medical appointments, 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 WITH SUPPORTING DOCUMENTATION
AND KEEP A COPY FOR YOUR RECORDS.**