

# Restitution Claim Form

Return completed form to:  
Douglas County District Attorney  
P.O. Box 218, Minden, NV 89423

Restitution is intended to compensate victims for costs and losses caused by the defendant. For example, medical costs for the treatment of injuries directly resulting from the crime are the proper subject of restitution. Since the Court may only order restitution for costs and losses directly caused by the crime, the value of which is supported by reliable and accurate evidence, you will need to substantiate any request for restitution with supporting documentation. The following worksheet is designed to assist you with this task. If you do not provide the Court with this information, restitution may not be ordered.

Case #: Victim's Name:	Description of loss/How crime caused this loss	Amount	Paid by:
Expenses resulting from stolen or damaged property			<input type="checkbox"/> Self <input type="checkbox"/> Defendant's Insurance <input type="checkbox"/> Other Insurance <input type="checkbox"/> Not yet paid
Medical expenses			<input type="checkbox"/> Self <input type="checkbox"/> Defendant's Insurance <input type="checkbox"/> Other Insurance <input type="checkbox"/> Not yet paid
Mental health expenses			<input type="checkbox"/> Self <input type="checkbox"/> Defendant's Insurance <input type="checkbox"/> Other Insurance <input type="checkbox"/> Not yet paid
Lost Wages or profits			<input type="checkbox"/> Self <input type="checkbox"/> Defendant's Insurance <input type="checkbox"/> Other Insurance <input type="checkbox"/> Not yet paid
Funeral or burial expenses			<input type="checkbox"/> Self <input type="checkbox"/> Defendant's Insurance <input type="checkbox"/> Other Insurance <input type="checkbox"/> Not yet paid
Other expenses			<input type="checkbox"/> Self <input type="checkbox"/> Defendant's Insurance <input type="checkbox"/> Other Insurance <input type="checkbox"/> Not yet paid
<b>Total restitution amount requested</b>			

**\*\*Please attach any supplemental documentation, such as bills, receipts, estimates, etc.**

I declare under penalty of perjury that I suffered the foregoing costs and losses as a direct result of the defendant's crime and request restitution therefor.

Victim's signature: \_\_\_\_\_ Date: \_\_\_\_\_