Jeffry M. Dorocak
City Attorney
Carly M. Helbert
Assistant City Attorney

CITY OF LAS VEGAS
OFFICE OF THE CITY ATTORNEY
CRIMINAL DIVISION

MAILING ADDRESS:
P.O. Box 3930
Las Vegas, Nevada
89127
Phone: (702) 229-2525
Email: LVCAVW@LasVegasNevada.GOV

Restitution Requests will NOT be considered
Without Backup Documentation…
***NO Exceptions*.**

Mail or Email Completed Forms and Backup Documents
Questions Call (702) 229-2525

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 required to support your claim. You may **not** request monies for pain and suffering and lost wages; **ONLY out of pocket expenses/actual financial loss. Maximum amount not to exceed $2,500.00.**

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 $ _____

_____
Signature

Please return immediately.

*****Please notify our office if your address and/or phone number changes*****