

County of Mono Office of the District Attorney

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Tim Kendall - District Attorney

REQUEST FOR RESTITUTION

Instructions: Please fill out this form as thoroughly and accurately as possible, as it will be used in court to determine a restitution amount if the offender is convicted. If you have on-going expenses, please fill out the form with your expenses to date and indicate that there may be additional amounts. Include the amount of the loss, the type of loss (for example, medical bills, lost wages, or property damage), and whether you received reimbursement for any loss. Include copies of all available supporting documentation of your expenses, such as bills, receipts, or estimates. Please return the form and copies of supporting documents within 15 days. Documents may be submitted in person, by mail, or by fax at either address listed above.

Note: Some cases conclude as quickly as the first court date, so it is important that you return this form as quickly as possible.

Offender Name: _____ **Case #:** _____

Victim Name (your name): _____

Mailing Address: _____

Physical Address: _____

Phone Number(s): _____

Email Address: _____

- I do not wish to request restitution.
- I have filed an application with the Victim Compensation Program (VCP). (Please note that expenses paid by VCP will be order to be repaid by the convicted offender as restitution to VCP, not as restitution to you).
- The offender or the offender's insurance has paid (please indicate amount in comments section).
- I wish to request restitution for the following expenses:

Please attach copies of all supporting documents. Keep originals safe.

PROPERTY LOSS OR DAMAGE

	Description of Property and Damage	Cost to Replace/Repair
1		
2		
3		
4		
5		

MEDICAL OR MENTAL HEALTH COSTS

	Medical or Mental Health Provider	Cost of services or co-pay
1		
2		
3		
4		
5		

LOST WAGES OR PROFITS DUE TO INJURY OR WITNESS DUTIES

	Employee	Employer	Rate of Pay/Salary	Time missed	Total amount
1					
2					

OTHER LOSSES OR COSTS:*

	Description	Amount
1		
2		
3		
4		
5		

*Pain and suffering cannot be included in restitution.

TOTAL AMOUNT OF LOSS REQUESTED:

\$ _____

ADDITIONAL INFORMATION OR COMMENTS

I certify that the above expenses are crime-related and the above information is true and accurate to the best of my knowledge.

Signature: _____ Date: _____
 Print Name: _____