



Christopher J. Hicks
District Attorney

One South Sierra Street
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775.328.3200
washoecounty.gov/da

Restitution Packet

Defendant's Name: _____
District Court File Number: _____
District Attorney Case Number: _____

Victim Name: _____
Victim Address: _____
Daytime Phone number: _____

I, _____, am a victim (or representative of the victim) in this case and I wish to make a claim for restitution.

PROPERTY DAMAGED

Amount	Description of Loss	Repair/Replacement Lost
\$		
\$		
\$		
\$		
\$		

PROPERTY STOLEN

Amount	Fair Market Value	Description of Loss	Item was recovered
\$	\$		<input type="checkbox"/>
\$	\$		<input type="checkbox"/>
\$	\$		<input type="checkbox"/>
\$	\$		<input type="checkbox"/>
\$	\$		<input type="checkbox"/>

MEDICAL EXPENSES

Amount	Description of expense
\$	
\$	
\$	
\$	
\$	



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OTHER

Amount Description of expense

\$

Please check here if additional sheets are attached: ☐

OTHER INFORMATION

☐ I do not have insurance coverage.

☐ I do have insurance coverage or partial coverage.

Insurance company:

Policy Number:

Telephone Number:

Deductible:

☐ (IF NEEDED) I do have insurance coverage or partial coverage.

Insurance company:

Policy Number:

Telephone Number:

Deductible:

☐ (IF NEEDED) I do have insurance coverage or partial coverage.

Insurance company:

Policy Number:

Telephone Number:

Deductible:

☐ I have a pending claim with Nevada Victims Of Crime.

Restitution is determined by the judge and any documents you submit. It will help the Washoe County District Attorney's Office represent and prove your request for restitution to the judge if you provide supporting documentation for all items listed.

Please attach all supporting documentation, including: medical bills, purchase receipts, repair or replacement receipts, copies of cancelled checks, insurance claim forms, and/or estimates for repairs. If the above list includes collectibles such as coins, stamps, etc., verification of value by a licensed dealer or appraiser should be attached. If you do not have supporting documentation, please explain how the amount of loss was determined.

Please return to this form to the Washoe County District Attorney's Office at 1 South Sierra Street Reno, NV 89502, e-mail the form to victiminfo@da.washoecounty.gov, or fax to 775-321-4328.