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

Restitution Claim Form

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:
			□ Self
Expenses resulting			☐ Defendant's Insurance
from stolen or			☐ Other Insurance
damaged property			□ Not yet paid
Medical expenses			□ Self
			☐ Defendant's Insurance
			☐ Other Insurance
			□ Not yet paid
			□ Self
Mental health			☐ Defendant's Insurance
expenses			☐ Other Insurance
			□ Not yet paid
Lost wages or profits			□ Self
			☐ Defendant's Insurance
			☐ Other Insurance
			□ Not yet paid
			□ Self
uneral or burial			□ Defendant's Insurance
Expenses			□ Other Insurance
			□ Not yet paid
			□ Self
Other expenses			☐ Defendant's Insurance
			□ Other Insurance
			□ Not yet paid
•	opplemental documentation, such as bills, receipts, estimates, e of perjury that I suffered the foregoing costs and losses as a dire		nt's crime and request restitution

therefor.		
Victim's signature:	Date:	