



# COUNTY OF MADERA

## OFFICE OF THE DISTRICT ATTORNEY

### REQUEST FOR RESTITUTION

Your name:		Today's Date:	
Address:		Defendant:	
City:		Incident Date:	
Phone #:		DA #:	
Email:		Court #:	

**Sally O. Moreno**  
District Attorney

**Jeffrey D. Dupras**  
Assistant District  
Attorney

**Jennifer Parton**  
Chief of Investigations

Our records indicated that you might have incurred a loss because of a criminal act committed by the above-named defendant. You have the right to restitution for any financial losses. If the defendant is found responsible and convicted, the judge can order that person to pay you back for any monetary losses or costs from the crime.

Please complete this form listing property taken or damaged, lost wages caused by crime, and/or medical expenses. Return form with documentation of bills, receipts, or if damage has not yet been repaired, two written estimates. List only property you believe has not been recovered. Do not list property being temporarily held as evidence by police.

NOTE: all losses requesting restitution must be accompanied by written documentation to substantiate a loss. Items submitted without documentation cannot be considered.

- List of losses or injuries (include dollar amount):
- Insurance claim filed:  Yes  No Claim #
- Victims of Crime Program claim filed:  Yes  No Claim #

I would like the District Attorney's Office to review the provided documentation and consider \$ \_\_\_\_\_ restitution on my behalf.

I declare, under penalty of perjury, the foregoing is true and correct.

**SEND THIS FORM ALONG WITH SUPPORTING DOCUMENTATION TO**  
**[MADERADA@MADERACOUNTY.COM](mailto:MADERADA@MADERACOUNTY.COM)**

**KEEP A COPY OF ALL DOCUMENTS FOR YOUR RECORDS**



MaderaDA.org

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*PURSUING JUSTICE FOR ALL OF MADERA COUNTY*