

RESTITUTION REQUEST FORM

PLEASE NOTIFY IF CHANGE IN
ADDRESS: (570)327-2456

RETURN COMPLETED FORM TO:
DISTRICT ATTORNEY'S OFFICE
48 WEST THIRD ST., WILLIAMSPORT, PA 17701

VICTIM'S NAME AND ADDRESS:

Defendant's Name: _____

Defendant's OTN # _____

Defendant's Docket # _____

Co-Defendant's Names & Docket #'s

HOME PHONE: _____

WORK PHONE: _____

PROVIDE A DESCRIPTION OF LOSS – Attach estimates or
invoices. Do not claim restitution if items were recovered
unless damaged. Itemize claims and give value at the time of
loss, not new or replacement value.

DOLLAR AMOUNT

\$

Total Loss: \$ _____

Name, Address & Phone # of Insurance Carrier:

Deduct Amount Paid by

Insurance Company \$ _____

Total Restitution Request \$ _____

Claim # _____ Policy # _____

UNLESS THIS FORM IS RECEIVED BY _____, A REQUEST FOR RESTITUTION MAY NOT BE GRANTED.

YOUR SIGNATURE: _____ DATE: _____