

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-DEFENDANTS' 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
\$

Name, Address & Phone # of Insurance Carrier:

Total Loss: \$ _____

Deduct Amount Paid by
Insurance Company: \$ _____

Total Restitution Request: \$ _____

CLAIM NUMBER _____ POLICY NUMBER _____

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

YOUR SIGNATURE: _____ DATE: _____