



Legal Services Department
 City Prosecutor's Office
RESTITUTION REQUEST FORM

Name of Victim (or) Victim Representative: _____

Defendant: _____ Police Report No. _____ Court Date: _____

THIS IS TIME SENSITIVE INFORMATION THAT REQUIRES YOUR IMMEDIATE ATTENTION.
 To successfully assert your claim for restitution, the City Prosecutor's Office must receive this restitution form prior to the next court date in this matter. **If you do not timely submit a restitution request the court will assume that you did not incur any expenses or do not want restitution and no restitution will be awarded.**

Restitution is repayment for expenses you incurred as a direct result of being a crime victim. Restitution may include expenses incurred due to property damage, physical injury, lost wages, counseling, as well as reasonable expenses associated with the victim's attendance during court proceedings. **Pain and suffering damages, punitive damages, and attorney's fees are not included and can only be recovered in a civil lawsuit.** Failure to seek or recover restitution in city court does not disqualify a victim from seeking civil damages in the appropriate civil court. If the defendant protests the restitution request you have submitted, your presence will be required at a future restitution hearing. You can elect to have your own attorney at such a hearing to represent your interests. Any restitution awarded to you by the court will be paid to the court and then forwarded to you.

Please fill out this form, email, mail or deliver both pages to the Goodyear Prosecutor's Office at 14455 W Van Buren St. Ste B101, Goodyear, Arizona 85338, or fax both pages to (623) 932-0184. **You must include copies of all bills, receipts, estimates, or other documentation that substantiates your claim. All information received by the Prosecutor's Office will be given to defense counsel or the defendant.** If you do not want the defendant to have your address, social security number, or other personal information, please remove that information before sending the documents to the Prosecutor's Office.

RESTITUTION REQUEST ITEMIZATION

TOTAL RESTITUTION REQUESTED: \$ _____

(Please itemize your restitution request below)

A. UNRECOVERED PROPERTY/ CASH (Do not include property that is in police evidence.)

Item	Value
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$

Total \$ _____

B. DAMAGED PROPERTY (Includes damage to home, vehicle, and personal property)

Item	Repair Bill/Invoice	Amount Paid by Victim (Include Insurance deductible)	Amount Paid by Insurance(Subtract) (not recoverable)	Amount due to Victim
1.		\$	\$	\$
2.		\$	\$	\$
3.		\$	\$	\$
4.		\$	\$	\$
5.		\$	\$	\$
6.		\$	\$	\$

Total \$ _____

C. MEDICAL EXPENSES

Item	Medical Bill/Invoice	Amount Paid by Victim (Include Insurance deductible)	Amount Paid by Insurance(Subtract) (not recoverable)	Amount due to Victim
1.		\$	\$	\$
2.		\$	\$	\$
3.		\$	\$	\$
4.		\$	\$	\$
5.		\$	\$	\$
6.		\$	\$	\$

Total \$ _____

D. TIME MISSED FROM WORK DUE TO INCIDENT (Includes time spent in court)

Number of Days Off Work	\$ Earned Per Day	Total \$

Number of Hours Off Work	\$ Earned Per Hour	Total \$

E. OTHER EXPENSES

Item	Value
1.	\$
2.	\$
3.	\$
4.	\$

Total \$ _____