

ANGELA A. BELLO  
District Attorney



KIRK VITTO  
Chief Deputy District Attorney  
Criminal Division

MARLA ZLOTEK  
Chief Deputy District Attorney  
Civil Division

**OFFICE OF THE DISTRICT ATTORNEY  
NYE COUNTY**

Tonopah Office  
(775) 482-8166

P.O. Box 39  
Pahrump, Nevada 89041  
Phone: (775) 751-7080  
Fax: (775) 751-4229

Family Support Division  
(775) 482-8117

Pahrump Office  
1520 East Basin Avenue

**VICTIM RESTITUTION REQUEST FORM**

DATE: \_\_\_\_\_

Restitution can be requested only at the time of conviction. If you wish this office to submit a claim for restitution to the Court on your behalf, please complete and return this form along with all the required documentation according to the instructions provided. If you have any questions or need assistance in completing this form, please contact the Nye County District Attorney's Office directly.

If we do not receive the Victim Restitution Request Form back from you, we will assume that no loss has been incurred or you are not interested in receiving restitution. If no financial loss was suffered, we would still like you to express your feelings regarding the defendant(s) and how this crime has affected you by completing a Victim Impact Statement.

Please be specific as to the items lost or damages suffered. Attach copies of all receipts, bills, and repair/replacement cost estimates. The information listed below should be your direct out-of-pocket expenses ONLY. Without the proper documentation, your restitution claim will not be submitted to the Court.

DEFENDANT(S): \_\_\_\_\_ CASE #: \_\_\_\_\_

VICTIM (BUSINESS/INDIVIDUAL) \_\_\_\_\_

**PHYSICAL ADDRESS**

\_\_\_\_\_  
STREET CITY STATE/ZIP CODE

**MAILING ADDRESS**

\_\_\_\_\_  
STREET CITY STATE/ZIP CODE

HOME PHONE# ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ CELL PHONE# ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**TOTAL OUT-OF POCKET LOSS \$ \_\_\_\_\_ (NOT TO INCLUDE LOST WAGES)**

LOST WAGES (due to injury(ies) incurred) This is take home NET wages, NOT GROSS wages. If you took sick time or vacation time for lost work, then you are not eligible for reimbursement for those lost wages. Something documented by your employer should accompany this claim. You may continue on separate sheet of paper if necessary

---

---

---

MEDICAL (due to injury(ies) incurred) Itemize dates of treatment, facility that provided treatment, and attach copies of all bills showing itemized listing of services, total expense/balance owed, and any payments made and by whom. You may continue on separate sheet of paper if necessary

---

---

---

PROPERTY STOLEN/DAMAGED List separately each item stolen and/or damaged, the cost to replace the comparable item(s), the cost to repair the damaged item(s) and submit copies of bills, invoices, or other documentation showing the cost to replace and/or repair each item. You may continue on separate sheet of paper if necessary

---

---

---

MISCELLANEOUS (funeral expenses, etc) If necessary please explain how this restitution is related to the crime. You may continue on separate sheet of paper if necessary

---

---

---

Have you applied for or received County compensation? YES \_\_\_ NO \_\_\_ AMOUNT \_\_\_\_\_

Have you applied for or received State compensation? YES \_\_\_ NO \_\_\_ AMOUNT \_\_\_\_\_

Do you intend to address the Court in person? YES \_\_\_ NO \_\_\_

*If you do not intend to address the Court in person please complete a Victim Impact Statement.*

I DECLARE THAT THE FOREGOING IS TRUE AND CORRECT. I HAVE ALSO ATTACHED  
APPROPRIATE DOCUMENTATION.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*