

## Restitution Request Form

Name of Claimant: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Defendant: \_\_\_\_\_

Case No.: \_\_\_\_\_ County: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Type of Loss: \_\_\_\_\_  
(Personal injury, property damage, medical bills, work loss, other)

Do you have insurance coverage: \_\_\_\_\_ If yes, what is your deductible:  
\_\_\_\_\_

Do you plan to submit a claim to your insurance carrier? \_\_\_\_\_

Name and address of your insurance carrier:  
\_\_\_\_\_

**ACTUAL AMOUNT OF YOUR LOSS:** \_\_\_\_\_ (out of pocket expenses)

**Attach copies of any medical bills, property damage estimates, repair bills or any other document showing loss.**

I hereby authorize the use of any information I have provided in the attempt to recover restitution.

**Victim Services**  
District Attorney's Office  
500 S Denver Ave Suite 800  
Tulsa, Ok 74103  
918-596-4915  
FAX: 918-596-4923