

Restitution Request Form

Name of Claimant: _____

Address: _____

Email Address: _____

Name of Defendant: _____

Case No.: _____ County: _____ Date of Incident: _____

Type of Loss:

(Check all that apply)

If you have insurance coverage, what is your deductible? _____

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

Name of your insurance carrier: _____

Insurance carrier's address _____

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