



North Las Vegas City Attorney's Office

Office of the City Attorney - Victim/Witness Services
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Sandra Morgan
City Attorney

Stephen Webster
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Deputy City Attorney

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Deputy City Attorney

**Restitution Requests will NOT be considered
Without Backup Documentation....
NO Exceptions.**

REQUEST FOR RESTITUTION/WITNESS FEES (TO BE PAID BY DEFENDANT AS ORDERED BY THE COURT) (Please keep our office updated to any changes in address)

Date: _____

Case #: _____ Defendant Name: _____

Victim's Name: _____

Address: _____

City, State, Zip: _____

Telephone(s): _____

If you incurred medical expenses or property damage/loss as a result of the crime, please provide this office with information to support your claim. **COPIES** of bills or estimates are recommended to support your claim. You may **not** request monies for pain and suffering and lost wages; **ONLY actual financial loss/ out of pocket expenses.**

Insurance Deductible	\$	_____
Medical Insurance Co-pays	\$	_____
Medical bills (hospital, Doctor, etc)	\$	_____
Property Damage/Loss	\$	_____
Other (please explain)	\$	_____

I am requesting restitution in the TOTAL AMOUNT OF \$ _____

Please return immediately.

Signature _____