

Office of the  
MARIPOSA COUNTY  
DISTRICT ATTORNEY



District Attorney  
WALTER W. WALL

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**RESTITUTION REQUEST FORM**

<b>Defendant Name:</b>	
<b>Police Agency:</b>	Mariposa County Sheriff's Department
<b>Police Report No.:</b>	
<b>DA Case Number:</b>	
<b>Court Case Number:</b>	

- I do not wish to request restitution
- I wish to make a request for the expenses listed below
- I have filed a claim with the Victim's Compensation Board. Claim Number: \_\_\_\_\_

If you are submitting a request for restitution, attach any copies of any receipts, bills, or estimates that support your claim. Description of attached documents:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

If you need more space than is available, please attach additional sheets of paper.

**TOTAL AMOUNT OF RESTITUTION REQUESTED:** \_\_\_\_\_

**Mail a copy of the completed form with any attachments to the Mariposa County District Attorney's Office (Post Office Box 730, Mariposa, California 95338)**

*I certify under penalty of perjury, under the laws of the State of California that the foregoing is a true and accurate statement concerning my losses in this matter.*

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM WITHIN 15 DAYS OF RECEIPT**

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Description of attached documents continued:

6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_