**COURT WILL NOT CONSIDER YOUR APPLICATION WITHOUT DOCUMENTATION** – please attach to this form

RESTITUTION APPLICATION

Please return form and documentation to:

Lake Havasu City Attorney’s Office

2330 McCulloch Blvd. N., Lake Havasu City AZ 86403

Fax: 928-854-3580 Email: [victimadvocate@lhcaz.gov](mailto:victimadvocate@lhcaz.gov)

**State vs.**

City Attorney Case No:  Court Case No:

Victim Name:

Address:

Phone: Email:

DID YOU MAKE A CLAIM TO YOUR INSURANCE COMPANY? Yes: \_\_\_\_ No: \_\_\_\_\_

Name of Insurance Company:

Address:

Phone: Claim No: Policy No:

PROPERTY ITEMS DAMAGED AND/OR NOT RECOVERED VALUE

$

$

$

(If additional space is needed, please attach to this form) Sub-total: $

OUT-OF-POCKET MEDICAL EXPENSES (deductible, co-pays or amount paid if no insurance):

$

$

$

(If additional space is needed, please attach to this form) Sub-total: $

OTHER EXPENSES (lost wages, travel, etc.):

$

$

$

(If additional space is needed, please attach to this form) Sub-total: $

TOTAL FINANCIAL LOSS (does not include recovered/undamaged

property, amounts paid by insurance, pain and suffering): $

Grand Total of Loss

VICTIM/CLAIMANT SIGNATURE DATE

**RESTITUTION**

The Defendant ***MAY*** be ordered to pay restitution for the following:

1. Fair Market Value for Stolen or Damaged Property: market value is what the used property would sell for – not the cost of replacing the item or its purchase prices.
2. Cost of Repair or Replacement: doors, locks, windows, mailboxes, fences, etc. damaged as a direct result of the crime.
3. Lost Wages Due to Voluntary Attendance at Court Proceedings Directly Related to the Crime: whether or not the victim was subpoenaed. This does *not* include hearings for protective orders.
4. Travel Expenses: to and from court proceedings directly related to the crime.
5. Restitution will ***NOT*** include any dollar value of any stolen property recovered and returned to the victim. Damage to stolen property can be included in restitution requests.
6. Out-of-Pocket Medical Expenses, Counseling and Loss of Wages (as a direct result of the crime): not paid for by insurance (including Arizona Health Care Cost Containment System – AHCCCS) and/or Crime Victim Compensation Fund.

The Defendant, in a criminal prosecution case, *CANNOT* be ordered to pay:

1. Damages for pain and suffering.
2. Punitive damages – damages awarded over and above special and general damages to punish a losing party’s willful or malicious misconduct.
3. Consequential damages – that is, losses that do not flow directly and immediately from the defendant’s action.

***EXAMPLES OF NECESSARY DOCUMENTATION TO ATTACH:***

***(Please do NOT submit originals)***

* Did you file an insurance claim? Please include your insurance information and claim number.
* Estimate to repair auto or home damage
* Receipt for damage already repaired
* Medical and/or Counseling bills
* Insurance settlement statement showing your deductible and what insurance paid
* Printed out internet price list of same or similar items
* Gas receipts
* Paystubs or letter from employer stating time off and hourly wage

Still have documentation questions? Please call the Victim Advocate at (928) 854-4388