Reset Form

Restitution Recommendation

Nature of claim:

☐ Medical Expense ☐ Missing Property ☐ Damaged Property

☐ Other, specifically:

Defendant:

Has any property been returned? ☐ Yes ☐ No

Itemize the losses you have sustained and their value. Also list expenses you have incurred. Use additional pages, if necessary.

Item	**Expense**

Total…….$ 0.00

Please enter the dollar amount of restitution you feel you should receive in this matter. Attach copies of medical bills, receipts for expenses you have incurred, estimates you have received on how much it will cost to repair damaged property, and any other documents you have which support your restitution recommendation.

Personal Restitution Recommendation: $

If restitution is ordered -- and not all cases are appropriate for restitution -- a final determination on an appropriate amount will be made by the court at the time the defendant is sentenced.

Date:

Signature: _____

Return form to:

Victim Witness Services
Office of the Prosecuting Attorney
11 South Water Street
Liberty, Missouri 64068