



38TH JUDICIAL DISTRICT ATTORNEY'S
OFFICE
CHRISTINA MITCHELL



Restitution Information Form

THE STATE OF TEXAS VS. _____ Cause Number: _____

Name: _____ Phone:(_____) _____

Company Name (if applicable): _____

Do you have insurance to cover any expenses/losses? Yes _____ No _____

Total of out-of-pocket expenses after insurance: _____

(Stolen property, medical expenses, etc.; please submit receipts of out-of-pocket expenses, if available.)

Name & address of your insurance company: _____

Name of your insurance agent: _____

What is the amount of your deductible? _____

(The part of the loss not covered by your insurance.)

Did you file a civil lawsuit for damages, and if so, what was the amount of the Judgement? _____

I have read the above and it is true and correct to the best of my knowledge.

Signature

Date

Please return this form back to our office in order for us to determine what amount is owed to you.

UVALDE COUNTY
COURTHOUSE SQUARE, #5
UVALDE, TEXAS 78801
PHONE: (830) 278-2916
FAX: (830) 278-4731

REAL COUNTY
P.O. BOX 750
LEAKEY, TEXAS 78873
PHONE: (830) 232-5202
FAX: (830) 232-6888