

REQUEST FOR VICTIM RESTITUTION COLLECTION SERVICES

Please return completed form to:
El Dorado County Revenue Recovery 360 Fair Lane, Placerville CA 95667
Any information you provide will be kept confidential.

Eligibility for services requires that offender was sentenced in El Dorado County.

Section 1 Applicant Information (must be completed)

INDIVIDUAL VICTIM	OR	BUSINESS VICTIM
(circle one) Mr. Mrs. Ms.		Name of Business:
Name:		Contact Name: Contact Number:
Mailing Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Business Phone:
Email address:	Driver's License#:	
NOTE: It is your responsibility to keep Revenue Recovery informed of any changes to your information.		
Please provide a copy of the court order for restitution along with a record of any payments you may have already received.		
Additional Information:		
Section 2 Offenders Identification		
Offender's Full Name (Print):		
Last known address:		
Last known employer:		
El Dorado County Court Case Number:		

Signature of Applicant: _____ **Date:** _____