



Tohono O'odham Nation Justice Center
P.O. Box 761
Sells, Arizona 85634
(520) 383-6300
(520) 383-3193 or (520) 383-3194
FAX: (520) 383-3500 or (520) 383-2650



REQUEST FOR RELEASE OF RESTITUTION

Date: _____

RECIPIENT INFORMATION

NAME:	PHONE/MSG NO:
ADDRESS:	

RESTITUTION INFORMATION

NAME OF DEFENDANT/RESPONDENT:	Case Number(s):
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DELIVERY OPTIONS

I WANT TO:

- PICK UP MY CHECK IN PERSON.
 HAVE THE CHECK MAILED TO ME AT THE ABOVE ADDRESS (I UNDERSTAND IT WILL BE MAILED BY REGULAR MAIL).

For Judicial Branch Accounting Staff Use Only

Case No. _____

Information Provided to Recipient at time of filing:

<input type="checkbox"/>	Informed Recipient that the restitution will be returned as a check and may take up to five (5) business days to process.
<input type="checkbox"/>	Informed Recipient that he/she will be called when the check is ready if the Recipient will be picking up the check and that he/she will need to bring valid tribal- or state-issued photo identification. Failure to pick up the check within one week of notice will result in the check being mailed to the Recipient.
<input type="checkbox"/>	Informed Recipient that the restitution check will be mailed to him/her at the address provided above when received by the Justice Center and to allow for additional time for postal delivery if the Recipient wants the check mailed.
<input type="checkbox"/>	Informed Recipient that if the postal service returns a mailed check that the check will be redeposited into an account and the Recipient will be required to repeat this process for the check to be reissued.

Date Request Received:	Received By: (Print name)	Received By: (Signature)
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Delivery of Check:

Date Restitution Picked Up / Mailed:	ID Check: <input type="checkbox"/> N/A (mailed) <input type="checkbox"/> Tribal ID <input type="checkbox"/> State ID
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Check Released By: (Print name)	Check Released By: (Signature)
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