

**IN THE MUNICIPAL COURT OF THE CITY OF OXFORD, MISSISSIPPI**  
**RESTITUTION REQUEST**

Defendant: \_\_\_\_\_ Case No.: \_\_\_\_\_

**Victim Information**

Victim Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone / Email: \_\_\_\_\_

Description of Loss/Damages:

\_\_\_\_\_  
\_\_\_\_\_

Date of Loss: \_\_\_\_\_

Total amount requested: \$ \_\_\_\_\_

**Supporting Documentation Attached:**

Receipts/Invoices     Estimates     Medical Bills     Insurance Information

Other: \_\_\_\_\_

Victim Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE MUNICIPAL COURT CLERK'S OFFICE**

**OXFORD MUNICIPAL COURT**  
**NICKIE DENLEY, CLERK**  
**72 F.D. BUDDY EAST PKWY, SUITE 200, OXFORD, MS 38655**  
**662-232-2320 [nickie@oxfordms.net](mailto:nickie@oxfordms.net)**