

RESTITUTION MAIL REQUEST AND RELEASE FORM

THIS FORM IS COMPLETELY OPTIONAL

CHECKWRITER: _____

I REQUEST THAT ANY RESTITUTION RECEIVED BY THE DISTRICT ATTORNEY'S OFFICE ON THE ABOVE, BE MAILED TO THE PERSON NAMED BELOW AT THE ADDRESS GIVEN. I UNDERSTAND THAT THE DISTRICT ATTORNEY'S OFFICE WILL HAVE NO RESPONSIBILITY FOR AND CAN IN NO WAY WARRANT THE SAFE DELIVERY OF SUCH RESTITUTION. I SPECIFICALLY RELEASE THE DISTRICT ATTORNEY'S OFFICE FROM ANY SUCH RESPONSIBILITY.

COMPLAINANT (SIGNATURE)

DRIVER'S LICENSE NUMBER

RESTITUTION TO BE MAILED TO:

NAME OR COMPANY

ADDRESS APT. NUMBER

CITY STATE ZIP

ATTENTION OF

PLEASE RETURN THIS FORM TO:

**HARRIS COUNTY DISTRICT ATTORNEY'S OFFICE
CHECK FRAUD DIVISION
1201 FRANKLIN, SUITE 600
HOUSTON, TX 77002**