

Victim
Name
Address
City, State, ZIP
Phone
State v. Defendant, CR _____
Request for Pre-Conviction Restitution Lien

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF _____

STATE OF ARIZONA,) CR _____
)
Plaintiff,)
) REQUEST FOR
) PRE-CONVICTION
) RESTITUTION LIEN
vs.)
) (Assigned to Hon. _____,
) Division ___)
_____)
Defendant)
)
)

COMES NOW the Victim in the above entitled matter and requests this COURT issue a Pre-Conviction Restitution Lien pursuant to A.R.S. 13-806 (C) in favor of Victim _____ and against Defendant _____ for the total sum of _____ plus interest at the highest legal rate is created subject to the following information and adjustment pursuant to A.R.S. 13-806.

1. The name and date of birth of the Defendant whose property or other interests are subject to the lien are as follows

Defendant

Date of Birth: ____/____/____

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2. The present residence and/or principal place of business of the foregoing named Defendant is:

Street Address

City, State, ZIP

Defendant's last known previous address was:

Street Address

City, State, ZIP

3. This restitution lien is being filed and recorded in connection with a criminal proceeding filed in

_____ County _____ Court, _____ County,

Arizona, under case number CR _____, entitled *State of Arizona v.*

_____.

4. The name and address of the victim who experienced the economic loss is:

Victim

Street Address

City, State, ZIP

Pursuant to A.R.S. § 13-806 (K) the court shall order the release of any pre-conviction restitution lien that has been filed or perfected if the defendant is acquitted or the state does not proceed with the prosecution.

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5. It is expected that the amount of restitution owed will change as payments are made. The Clerk of the Court shall maintain a record of the outstanding balance.
6. This request for Pre-Conviction Lien is being filed pursuant to the provision of A.R.S. § 13-806 (A) – (L).

Signed this ____ day of _____, 20__.

Victim

Original filed with the Clerk of _____ County _____ Court

Copy delivered to:

Hon. _____, Division _____

Copies mailed to:

Defendant

Street Address

City, State, ZIP

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Copies mailed to:

Defendant's Attorney

Street Address

City, State, ZIP

Deputy County Attorney

Street Address

City, State, ZIP

Certified copies to be recorded with:

_____ County Recorder's Office

Arizona MVD

Arizona Secretary of State (if applicable)