

Victim Restitution Request Form

RETURN TO: Washington County District Attorney's Office, 150 N. First Avenue, MS 40 Hillsboro, OR 97124
 Phone: (503) 846-8671 FAX: (503) 846-3407 Email: DA_VA_RESTITUTION@co.washington.or.us

Victim		Def:	DA#
---------------	--	-------------	-----

IMPORTANT: This information **will** be provided to the defense attorney and **may** be provided to the judge. In order to protect your privacy, do not submit any documentation other than what is necessary to substantiate your loss.

1. Has the defendant's insurance covered your economic losses?

<input type="checkbox"/> Yes: All <small>If All, do not complete remainder of form</small>	<input type="checkbox"/> Yes: Not All	<input type="checkbox"/> Not paid yet: pending	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
---	---------------------------------------	--	-----------------------------	---

2. Have you filed a claim with your Insurance or the Crime Victim Compensation Program for these economic losses? Yes No

Insurance Co.:	Policy#:	Claim#:
Agent Name & Phone:	Deductible: \$	

3. Property Lost or Damaged (describe items damaged and/or repaired). *Attach additional pages as needed.*

Documentation needed: **must** provide receipts, estimates, appraisals, or replacement value

Item <small>(do not list items currently held in Property & Evidence if it will be returned in same condition)</small>	Value of Item	Insurance Coverage	Your Loss
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

4. Medical Expenses (hospital, doctor, ambulance, prescriptions, counseling, etc.)

Documentation needed: **must** provide bills, receipts, estimates/treatment plans

Item	Costs	Insurance Coverage	Out of Pocket Expense
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

5. Mileage crime related (include dates, destinations, and total miles traveled per entry)

Destination	Date	Total Miles	(allowable rate .575 per mile)	Your Request
				\$
				\$
				\$

6. Lost wages (include vacation or sick hours used)

Documentation needed: **must** provide paystub

Employer's name	Dates missed	Hours	Wage	Your Request
			\$	\$

7. What additional economic losses did you take or anticipate as a result of this crime?

Documentation needed: **must** provide bills, receipts, estimates

Item/Description	Value of Item	Insurance Coverage	Your Request

I am not requesting restitution.

Total Loss Request: \$ _____

I certify that the information provided is true, complete and correct to the best of my knowledge.

Signature: _____ **Date:** _____ **MUST RESPOND BY:** _____