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@washingtoncountyor.gov

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.
ALL REQUESTS MUST INCLUDE SUPPORTING DOCUMENTATION (ie: receipts, estimates, bills, treatment plans, etc.)

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

☐ Yes: All **If All, do not complete remainder of form**	☐ Yes: Not All	☐ Not paid yet: pending	☐ No	☐ 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 (do not list items currently held in Property & Evidence if it will be returned in same condition)	**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 .67 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: _____