

## Restitution Information Form

State of Oregon vs.	Court Case #(s):
Victim's Name	Date
DDA	Advocate

***What are restitution and a Restitution Information Form?***

Restitution is money the court may order a defendant or alleged youth offender to pay to a victim for certain losses including stolen or damaged property, medical bills, counseling, or lost wages. Restitution is only allowed for losses directly related to the charge(s) against the defendant(s) or alleged youth offenders. The criminal court judge will not order restitution for pain and suffering. The Restitution Information Form is a way for you to give us information about monetary losses you had as a result of this crime. Please fill out this form as completely as possible and feel free to attach additional pages if you need to. Since we need to give the court documentation of your loss, ***please give us copies of receipts, estimates, invoices, bills, canceled checks, etc. Please complete this form and return it within 10 days.*** If you have any questions about the form, please call our office at **541-447-4158**.

**Property Loss:** Please list only items that have **not** been recovered or that were damaged before recovery (Items may be held as evidence and can be recovered after the end of the case). *The fair market value is what the property could have been sold for in its condition prior to the crime.* Replacement cost is based on the value of the property at the time of the loss.

Property Description:	Fair Market Value:	Replacement Cost:
	\$	\$
	\$	\$
	\$	\$
	\$	\$

**TOTAL** \$ \_\_\_\_\_

Has any financial institution covered your loss?  Yes  No  
 Did the defendant's or alleged youth offender's insurance company cover your loss?  Yes  No  
 Did your insurance cover your loss?  Yes  No  
 Insurance Company Information (Complete only if you have made or expect to make a claim.)  
 Company: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Deductible amount: \_\_\_\_\_

Claim #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Do you have an insurance claim pending?  Yes  No

Amount your insurance company has already paid you: \_\_\_\_\_

**PERSONAL LOSS: Crime Victim Compensation Program (CVCP):** If you have been injured as a result of a “person” crime, you may be eligible for compensation from the state CVCP, however, this program does not have to compensate for property crime expenses.

Have you applied to the Crime Victims Compensation Program?  Yes  No

Status: \_\_\_\_\_ Claim #: \_\_\_\_\_

**Personal Injuries:** If you suffered physical or emotional injuries that required mental, dental, and/or mental health care as a result of this crime, please list your expenses, including co-pays. Please note that Personal Loss does not include ‘pain and suffering.’

<b>Injury/Treatment:</b>	<b>Provider:</b>	<b>Account #:</b>	<b>Total Cost to Date:</b>

**TOTAL COST:** \_\_\_\_\_

Did the defendant’s or alleged youth offender’s insurance company pay your medical expenses?

Yes  No

Did your insurance company pay your medical expenses?  Yes  No

Medical Insurance Information (Complete only if you have made or expect to make a claim.)

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Contact person: \_\_\_\_\_ Deductible amount: \_\_\_\_\_

Claim #: \_\_\_\_\_ Policy #: \_\_\_\_\_

**LOST EARNINGS:** You may be able to recover wages or income if you had to take time off from work because of the crime. Please provide information about and documentation of your lost earnings.

Employer’s name: \_\_\_\_\_

Employer’s address and phone #: \_\_\_\_\_

Your job title: \_\_\_\_\_

Did you use sick leave? Yes No Did you use vacation leave?  Yes  No

Number of hours/days taken off: \_\_\_\_\_ Amount of lost earnings: \$ \_\_\_\_\_





